

Case Number:	CM15-0170859		
Date Assigned:	09/11/2015	Date of Injury:	10/02/2008
Decision Date:	10/09/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	08/31/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 58-year-old female sustained an industrial injury to the low back on 10-2-08. Previous treatment included ongoing acupuncture, heat and ice, lumbar support, home exercise and medications. The number of previous acupuncture sessions was unclear. In a PR-2 dated 7-7-14, the injured worker complained of low back pain with radiation down the back of both legs to the knees. The injured worker reported having less pain and an easier time walking with acupuncture. Physical exam was remarkable for limited and pain lumbar spine range of motion with 50 degrees flexion, 12 degrees extension, 10 degrees right and left lateral flexion, 20 degrees right rotation and 25 degrees left rotation, pain with Milgram's and Kemp's test, bilateral hypertonic paraspinal musculature and positive bilateral straight leg raise. In a progress noted dated 7-15-15, the injured worker reported that she did not like to wear her lumbar support because she didn't like people to see it. The injured worker stated that she cried a lot in the past but that she was improved and stable on Cymbalta. Physical exam was remarkable for lumbar spine with tenderness to palpation and decreased flexion at 35 degrees. The injured worker used a cane for ambulation. Current diagnoses included lumbar spine sprain and strain. The treatment plan included continuing home exercise, heat, ice and lumbar support, changing Diclofenac to Tylenol, a prescription for Tramadol, dispensing Cymbalta. In an acupuncture intake form dated 7-17-5, the injured worker complained of mid and low back pain rated 7 out of 10 on the visual analog scale. On 7-21-15, a request for authorization was submitted for 8 sessions of acupuncture, 1 re-exam and 1 limited exam. On 8-19-15, Utilization Review on a right elbow 8 acupuncture sessions, 1 re-exam and 1-limited exam noting lack of documentation

of functional improvement from previous acupuncture sessions. Re-exam and limited exam were not medically necessary as 8 acupuncture sessions were noncertified.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

8 acupuncture sessions (without electrical stimulation initial 15 minutes and each additional 15 minutes): Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007, and Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

Decision rationale: The MTUS Acupuncture Treatment Guidelines support up to 6 sessions of acupuncture to be adequate for chronic conditions. If there are lasting functional benefits, the Guidelines allow for an option of additional sessions, but the Guidelines do specifically support additional sessions. It is reasonable to apply the same Guideline principles that are applied to other passive modalities i.e. after the initial course of therapy, maintenance therapy is not recommended. If there are lasting improvements such as a return to work, then additional sessions (1-2 every 4 months) is Guideline supported. This individual has completed at least 1 course of acupuncture and there is no evidence of a prolonged response or resumption of work. Under these circumstances, the request for 8 acupuncture sessions (without electrical stimulation initial 15 minutes and each additional 15 minutes) is not supported by Guidelines and is not medically necessary.

Re-exam: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: This request for authorization of a re-exam is directly related to the request for 8 sessions of acupuncture. The request for additional acupuncture is not supported by Guidelines which leads to the direct conclusion that the request for authorization of a re-exam as not being medically necessary. However, for, the authorization of additional acupuncture, the re-exam would not be medically necessary. The additional acupuncture is not medically necessary: the re-exam is not medically necessary.

Limited exam: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: This request for authorization of a limited exam is directly related to the request for 8 sessions of acupuncture. The request for additional (8 sessions) acupuncture is not supported by Guidelines which leads to the direct conclusion that the request for authorization of a limited exam as not being medically necessary. However, for, the authorization of additional acupuncture, the limited exam would not be medically necessary. The additional acupuncture is not medically necessary: the limited exam is not medically necessary.