

Case Number:	CM15-0171110		
Date Assigned:	09/11/2015	Date of Injury:	09/23/2014
Decision Date:	10/15/2015	UR Denial Date:	08/13/2015
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, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

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

The injured worker is a 49-year-old female who sustained an industrial injury on September 23, 2014 resulting in low back pain. Diagnoses have included chronic low back pain, lumbar degenerative disc disease, spondylosis and facet arthropathy, and lumbar strain. Documented treatment includes back brace, medications including Nabumetone, Diclofenac 1 percent cream, Tramadol, and Gabapentin; completion 6-2-15 of six weeks of a functional restoration program with report stating she showed improvement in range of motion, strength, pain and coping; and, she is participating in a home exercise program. She is not working. The injured worker continues to report constant low back pain radiating down her left leg which gets worse with extended sitting or with activity. The treating physician's plan of care includes 12 visits of acupuncture for the lumbar spine denied 8-13-2015 stating that massage therapy has just been approved and this should be completed and response evaluated before considering acupuncture

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture, twelve visits for the lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The patient presents with low back and right elbow pain. The current request is for Acupuncture, 12 visits for the Lumbar Spine. The treating physician's report dated 07/21/2015 (35B) states, "She has never had massage therapy or acupuncture for this injury. Since the patient would like to remain conservative in her treatment, we will like her to trial acupuncture and massage to see the accommodation of treatments helps decrease her pain and improve her overall function and mobility of the lumbar spine." For acupuncture, the MTUS Guidelines page 8 recommends acupuncture for pain, suffering, and for restoration of function. Recommended frequency and duration is 3 to 6 treatments for trial, and with functional improvement, 1 to 2 per month. For additional treatment, the MTUS Guidelines requires functional improvement as defined by Labor Code 9792.20(e) a significant improvement in ADLs, or change in work status and reduced dependence on medical treatments. No acupuncture therapy reports were made available. While a trial may be appropriate to determine the efficacy in terms of functional improvement and pain relief, the requested 12 sessions exceed MTUS recommended 3 to 6 initial visits. The current request is not medically necessary.