

Case Number:	CM15-0171919		
Date Assigned:	09/14/2015	Date of Injury:	12/12/2009
Decision Date:	10/13/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/01/2015

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: Oriental 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:

The injured worker is a 49-year-old female, with a reported date of injury of 12-12-2009. The diagnoses include low back pain, lumbar facet arthropathy, sciatica, and lumbar radiculopathy. Treatments and evaluation to date have included Motrin, Flexeril, Medrol, and acupuncture treatment. The diagnostic studies to date were not included in the medical records. The medical report dated 07-29-2015 indicates that the injured worker complained of severe low back pain with radiation and numbness in the lower extremities. It was noted that she was unable to sleep due to her pain and numbness. There was documentation that the injured worker was able to have six sessions of acupuncture, and the first session was scheduled for that Monday. The physical examination showed limited lumbar range of motion; pain upon extension; tenderness along the lumbar paraspinal musculature, spinous process, and facets at the L3-S1 levels; diminished sensation along the S1 distribution bilaterally; and positive seated and supine straight leg raise tests. The injured worker was working full duty. The acupuncture progress report dated 08-03-2015 indicates that the injured worker's mid back pain intensity was currently 9 out of 10 and her low back pain was currently rated 8 out of 10. The total number of treatments was documented as one. It was noted that her low back pain was "improving slowly". The treating physician requested acupuncture two times a week for two weeks. On 08-28-2015, Utilization Review (UR) non-certified the request for acupuncture two times a week for two weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 times a week for 2 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, and Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The guidelines note that the amount of acupuncture to produce functional improvement is 3 to 6 treatments. The same guidelines read extension of acupuncture care could be supported for medical necessity "if functional improvement is documented as either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment." On 07-13-15 the utilization review approved 6/10 acupuncture sessions requested by the provider as a trial. No documentation was presented after the trial was completed to indicate that any functional improvement was obtained to support the reasonableness and necessity of the additional acupuncture requested. Therefore, based on the lack of documentation demonstrating medication intake reduction, work restrictions reduction, activities of daily living improvement or reporting any extraordinary circumstances to override the guidelines recommendations, the additional acupuncture x 4 fails to meet the criteria for medical necessity. This request is not medically necessary.