

Case Number:	CM15-0173331		
Date Assigned:	09/15/2015	Date of Injury:	03/21/2014
Decision Date:	10/15/2015	UR Denial Date:	08/04/2015
Priority:	Standard	Application Received:	09/02/2015

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 53 year old female, who sustained an industrial injury on March 21, 2014. Medical records indicate that the injured worker is undergoing treatment for lumbar disc protrusion with bilateral lower extremity radiculopathy, cervical sprain-strain, left shoulder internal derangement and medication-induced gastritis. The injured worker was not working. Current documentation dated July 16, 2015 notes that the injured worker reported increased pain in the lower back with debilitating radicular symptoms in both lower extremities. The injured worker was also experiencing increased burning and numbness in both feet. The pain was rated 9 out of 10 on the visual analogue scale. Examination of the lumbar spine revealed tenderness to palpation bilaterally with increased muscle rigidity. There were numerous palpable trigger points throughout the paraspinal muscles. Range of motion was decreased and painful. Sensation was diminished in the posterior lateral thigh and posterior lateral calf in the lumbar five-sacral one distribution bilaterally. Treatment and evaluation to date has included medications, x-rays, electrodiagnostic studies (2014), MRI of the lumbar spine (2014), MRI of the left shoulder (2014), lumbar epidural injections, home exercise program, chiropractic treatments, a transcutaneous electrical nerve stimulation unit, physical therapy and left shoulder surgery. The epidural steroid injections provided the injured worker with sixty percent pain relief for six weeks. The MRI of the lumbar spine revealed lumbar disc herniation with bilateral foraminal narrowing. Current medications include Norco, Anaprox, Prilosec, Fexmid and Topamax. Current requested treatments include a request for acupuncture treatments one time a week for six weeks to the lumbar spine. The Utilization Review documentation dated August 4, 2015 non-certified the request for acupuncture treatments one time a week for six weeks to the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture, 1x weekly to the lumbar spine QTY: 6.00: Upheld

Claims Administrator guideline: Decision based on MTUS 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". In the report dated 02-26-15, the provider indicated that physical therapy and acupuncture were beneficial. Despite the previous statement, an unknown number of prior acupuncture sessions were already rendered but the patient continues symptomatic, taking oral medication and no evidence of sustained, significant, objective functional improvement (quantifiable response to treatment) obtained with previous acupuncture was provided 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 6 fails to meet the criteria and is not medically necessary.