

Case Number:	CM15-0173497		
Date Assigned:	09/15/2015	Date of Injury:	06/03/2000
Decision Date:	10/19/2015	UR Denial Date:	08/05/2015
Priority:	Standard	Application Received:	09/03/2015

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 65 year old male, who sustained an industrial injury on 6-3-2000. Medical records indicate the worker is undergoing treatment for lumbar disc bulge with spondylolisthesis and left sided sacral 1 radiculopathy. A recent progress report dated 7-23-2015, reported the injured worker complained of low back pain and spasm. Physical examination revealed lower lumbar tenderness (worse on the left) and spasm and complains of pain with motion. Lumbar range of motion is documented as: flexion 45 degrees, extension within normal limits, lateral right 20 degrees and lateral left 20 degrees. Treatment to date has included physical therapy and medication management. The physician is requesting Acupuncture 2x a week x 4 weeks Lumbar Spine. On 8-5-2015, the Utilization Review noncertified the request for Acupuncture 2x a week x 4 weeks Lumbar Spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2x week x 4 weeks Lumbar Spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: On 06-24-15, the provider requested 8 acupuncture sessions. Again, on 07-23-15, the provider requested 8 acupuncture sessions without indicating whether prior requested care (acupuncture x 8) was completed or not. The guidelines note that the number of acupuncture sessions to produce functional improvement is 3 to 6 treatments. The same guidelines could support extension of acupuncture care 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." Summarizing: the review of records does not revealed whether prior acupuncture was rendered or not, and if it was performed, no evidence of the sessions completed or that any functional improvement (quantifiable response to treatment) was obtained to support the reasonableness and necessity of the recent acupuncture requested. Despite the previously mentioned, the recent request is for acupuncture x 8, number that exceeds the guidelines without a medical reasoning to support such request. Therefore, the acupuncture x 8 requested is not medically necessary.