

Case Number:	CM15-0176128		
Date Assigned:	09/17/2015	Date of Injury:	10/21/2010
Decision Date:	10/20/2015	UR Denial Date:	08/08/2015
Priority:	Standard	Application Received:	09/08/2015

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:

This 57-year-old male sustained an industrial injury on 10-21-10. Documentation indicated that the injured worker was receiving treatment for lumbar degenerative disc disease with radiculopathy. Recent treatment consisted of medication management. In PR-2's dated 3-19-15, 4-23-15, 5-22-15, the injured worker complained of low back pain with radiation down the right leg to the foot as well as sciatica, associated with burning, numbness and tingling. The injured worker rated his pain 7-8 out of 10 on the visual analog scale. In a PR-2 dated 6-23-15, complained of worsening back pain with radicular symptoms in his right leg, associated with burning, numbness and tingling. Physical exam was remarkable for a trigger point area in the right lower lumbosacral area, positive right straight leg raise, hamstring tightness, numbness and tingling in the L5 distribution and slight weakness with plantar flexion. The injured worker received a trigger point injection during the office visit. The treatment plan included requesting magnetic resonance imaging lumbar spine due to worsening back pain and sciatica. Magnetic resonance imaging lumbar spine (7-16-15) showed mild to moderate degenerative joint and disc changes throughout the lumbar spine without a dominant disc herniation and mild neural foraminal narrowing at L4-5, L3-4, L2-3 and L1-2. In a PR-2 dated 7-21-15, the injured worker complained of ongoing low back pain with radiation down the right leg to the big toe. The injured worker reported that recent trigger point injection reduced his pain by 20-30%. Physical exam was remarkable for pain to palpation to the lumbar paraspinal musculature from L4-S1 and right sciatic notch, 3 out of 5 strength to right dorsiflexion and plantar flexion, 4 out of 5 strength to flexion and extension of the right knee and positive right straight leg raise. The

injured worker stated that previous electromyography showed right L5-S1 radiculopathy. The physician did not have the report available for review. In a new patient evaluation dated 7-22-15, physical exam was remarkable for right and left lumbar paraspinal musculature with trigger points, paravertebral tenderness with intact motor function, "diminished" sensation, intact deep tendon reflexes and 5 out of 5 strength. The treatment plan included 12 visits of physical therapy and six visits of acupuncture. On 8-8-15, Utilization Review non-certified a request for acupuncture twice a week for six weeks for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for the lumbar/low back, twice weekly for six weeks: Overturned

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The request from the provider is acupuncture x 6 and not acupunctures x 12. In reviewing the records available, it does not appear that the patient has yet undergone an acupuncture trial. Given the patient continued symptomatic despite previous care, an acupuncture trial for pain management and function improvement is reasonable and supported by the MTUS (guidelines). The guidelines note that the amount to produce functional improvement is 3-6 treatments. The same guidelines could support additional care based on the functional improvement(s) obtained with the trial. The number of sessions requested (x 6) does not exceed the guidelines, consequently the request is seen as appropriate, supported for medical necessity.