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| Case Number: | CM15-0177291 | | |
| Date Assigned: | 09/18/2015 | Date of Injury: | 06/05/2004 |
| Decision Date: | 10/20/2015 | UR Denial Date: | 08/27/2015 |
| Priority: | Standard | Application Received: | 09/09/2015 |

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: 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 59 year old female who sustained an industrial injury on June 05, 2004. A primary treating office visit dated May 20, 2015 reported subjective complaint of lumbar spine pain that has increased since last visit. The worker noted diagnosed with displaced intervertebral disc site unspecified without myelopathy. The plan of care noted with recommendation for needing additional acupuncture sessions decreasing lumbar pain and spasm. She was prescribed Norco 5mg for breakthrough pains. Again at primary follow up dated May 27, 2015 there were subjective complaint of back pain noted increased since last visit. The plan of care remains with standing recommendation for additional acupuncture sessions and continue current medications. Even at follow up dated May 12, 2015 reported the plan of care with standing recommendation for additional acupuncture treating lumbar spine pain and spasm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continue acupuncture 2 times a week for 3 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: Current clinical exam show no specific physical impairments or clear dermatomal/myotomal neurological deficits to support for treatment with acupuncture to the spine. The patient has been certified physical therapy without documented functional improvement. There are no clear specific documented goals or objective measures to identify for improvement with a functional restoration approach for this injury with ongoing unchanged chronic pain complaints. MTUS, Acupuncture Guidelines recommend initial trial of conjunctive acupuncture visit of 3 to 6 treatment with further consideration upon evidence of objective functional improvement. Submitted reports have not demonstrated the medical indication to support this request for additional 6 sessions without demonstrated functional benefit or specific conjunctive therapy towards a functional restoration approach for acupuncture visits, beyond guidelines criteria for initial trial. The Continue acupuncture 2 times a week for 3 weeks, lumbar spine is not medically necessary and appropriate.