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| Case Number: | CM15-0178321 | | |
| Date Assigned: | 09/28/2015 | Date of Injury: | 01/28/2013 |
| Decision Date: | 11/02/2015 | UR Denial Date: | 08/31/2015 |
| Priority: | Standard | Application Received: | 09/10/2015 |

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: Chiropractor, 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 58-year-old male with an industrial injury dated 01-28-2013. A review of the medical records indicates that the injured worker is undergoing treatment for low back pain. According to the progress note dated 07-16-2015, the injured worker reported ongoing neck and back pains with radicular symptoms in her upper and lower extremities. Objective findings (07-16-2015) were noted to have no significant change. The Magnetic Resonance Imaging (MRI) of lumbar spine dated 03-25-2013 revealed a left lateral disk at L4-L5, significant foraminal stenosis on the right side at L4-5, and a foraminal disk at L5-S1 on the right side. Facet arthritic changes were noted at multiple levels, greater on the right. The claimant reports that she is doing well with acupuncture. She only has 2 sessions left. It does provide her with 40% pain reduction for 3-4 days and improved sleep from 4-8 hours. According to the progress note dated 08-17-2015, the injured worker reported neck and back pain with radiation in her upper and lower extremities. The injured worker reported a "bad flare-up" of her symptoms that she has not been able to control with her exercises alone. She also reported that acupuncture was denied. Objective findings (08-17-2015) revealed tenderness to palpitation of lumbar spine paraspinal muscles and slight decrease in sensation over the lateral leg on the right compared to left. Treatment has included diagnostic studies, prescribed medications, acupuncture therapy, physical therapy, pool therapy, and periodic follow up visits. The treating physician reported that acupuncture provides the injured worker with 40% pain reduction for 3 to 4 days at a time and improve sleep from 4 to 8 hours. The treatment plan included additional acupuncture and gym membership. The total number of acupuncture treatments or acupuncture therapy reports was

not submitted for review. Medical records indicate that the injured worker is not currently working. The treating physician prescribed services for additional acupuncture treatment for the lumbar spine, quantity: 8 sessions. The utilization review dated 08-31-2015, non-certified the request for additional acupuncture treatment for the lumbar spine, quantity: 8 sessions. Per a Pr-2 dated 1/12/2015, the claimant is able to take 2 oxycodone instead of 4 for 2-3 days after acupuncture treatment. Per a Pr-2 dated 2/9/15, the claimant has not been taking medications since 1/26/15. Per a Pr-2 dated 5/4/2015, the claimant is better for about 3 days after each acupuncture session and it has helped her sleep. Per an acupuncture report dated 7/24/15, the claimant's Oswestry score has improved by 9% since 5/22/2015, but chart shows that his score only dropped from 46 to 42...However, her Oswestry scores have ranged from 48-42 from 6/13/14 without consistently going down. No changes in work restrictions are noted throughout treatments. Per a prior review, the claimant has had at least 18 sessions of acupuncture in 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture treatment for the lumbar spine, quantity: 8 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: According to evidenced based guidelines, further acupuncture after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. The claimant has had prior extensive acupuncture of unknown quantity and duration and with benefits. However, despite extensive treatment, the claimant has had no change in work condition and very little consistent change in Oswestry scale. The gains of medication reduction were realized prior to the last 12 acupuncture visits. Once the claimant does not have acupuncture, the claimant does not have sustained improvement or decreased need of treatment. Thus, the provider fails to document objective sustained functional improvement associated with acupuncture treatment. Therefore, further acupuncture is not medically necessary.