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| Case Number: | CM15-0026813 | | |
| Date Assigned: | 02/19/2015 | Date of Injury: | 11/04/2008 |
| Decision Date: | 04/14/2015 | UR Denial Date: | 02/02/2015 |
| Priority: | Standard | Application Received: | 02/12/2015 |

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 31-year-old female, who sustained an industrial injury on 11/4/2008. The current diagnoses are herniated nucleus pulposus of the lumbar spine, multiple compression deformities of the mid and low back, and facet arthropathy of the lumbar spine. Currently, the injured worker complains of constant mid-low back pain that radiates down the bilateral lower extremities. The pain is described as achy sensations and sharp with particular movements. The pain is rated 5/10 on a subjective pain scale. The physical examination revealed tenderness over the midline and paraspinals of the thoracic and lumbar spine. Spasms noted at this level, most severe in the lumbar region. Current medications are Tylenol #3, Norflex ER, Capsacin cream, and Tiger's Balm. Treatment to date has included medications, physical therapy, chiropractic, and acupuncture. The treating physician is requesting 8 acupuncture sessions to the thoracic and lumbar spine, which is now under review. On 2/2/2015, Utilization Review had non-certified a request for 8 acupuncture sessions to the thoracic and lumbar spine. The acupuncture was non-certified based on no documentation of significant change in VAS score, objective examples of functional improvement, or medication sparing effect from the previous treatments to warrant additional sessions at this time. The California MTUS Acupuncture Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 times a week for 4 weeks for the lumbar spine: Overturned

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The MTUS Guidelines recommend the use of acupuncture when pain medication is not tolerated or can be reduced with this treatment. It can also be used alongside rehabilitation and/or surgery to speed recovery. Some accepted goals include a decreased pain level, improved nausea caused by pain medications, increased range of joint motion, improved relaxation with anxiety, and reduced muscle spasms. Acupuncture treatment can include the use of electrical stimulation. Functional improvement is expected within three to six treatments. The Guidelines support having acupuncture treatments one to three times per week for up to one to two months. The submitted and reviewed documentation indicated the worker was experiencing mid- and lower back pain that went into the legs, abdominal pain that may have been related to medications, and neck pain that caused arm numbness and tingling. The worker had completed three sessions of acupuncture with improved pain intensity in the past. While not specifically stated, these records suggested the goals of this treatment were decreased pain intensity and decreased medication that was possibly causing abdominal discomfort. In light of this supportive evidence, the current request for acupuncture for the lumbar spine area twice weekly for four weeks is medically necessary.