

Case Number:	CM15-0035315		
Date Assigned:	03/03/2015	Date of Injury:	01/03/2014
Decision Date:	05/27/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/25/2015

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 49 year old female, who sustained an industrial injury on 01/03/2014. The initial complaints or symptoms included low back pain. The initial diagnoses were not mentioned in the clinical notes. Treatment to date has included conservative care, medications, x-rays, MRIs, conservative therapies (including 6 previous acupuncture sessions), electrodiagnostic testing of the lower extremities, and lumbar epidural steroid injections. Currently, the injured worker complains of intermittent moderate low back pain radiating to both lower extremities with numbness, weakness and tingling in the right foot. The diagnoses include lumbar spine strain/sprain with mild to moderate foraminal narrowing, status post cervical epidural steroid injection, and cervical radiculopathy. The treatment plan consisted of 8 sessions of acupuncture for the low back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture two times four for the low back: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.1. Acupuncture Medical Treatment Guidelines Page(s): 13.

Decision rationale: The patient presents with low back pain radiating to lower extremities. The request is for ACUPUNCTURE TWO TIMES FOUR FOR THE LOW BACK. The request for authorization is not provided. MRI of the low back, 02/20/14, shows mild to moderate right neural foraminal narrowing at L5-S1 secondary to circumferential disk bulge. EMG bilateral lower extremities, 04/25/14, shows degenerative changes across multiple segments, involving L5-S1 primarily, acute and chronic in nature, in the paraspinous musculature as well as the extremities, greater on the left. Physical examination of the lumbar spine reveals tenderness to palpation about the paralumbar musculature with tenderness at the midline thoraco-lumbar junction and over the level of L5-S1 facets and right greater sciatic notch. There are muscle spasms. Range of motion is decreased. Positive straight leg raise test bilaterally. Physical therapy to the low back which consisted of electrical stimulation, massage, exercises, acupuncture and heat packs. The patient received 14 sessions of therapy which was of temporary benefit. Patient reports having completed 6 sessions of acupuncture previously, which helped lower her pain by 10-15%. Patient's medications include Celexa, Norco and Naproxen. Per progress report dated 02/05/15, the patient is returned to modified work. 9792.24.1. Acupuncture Medical Treatment Guidelines. MTUS pg. 13 of 127 states: " (i) Time to produce functional improvement: 3 to 6 treatments (ii) Frequency: 1 to 3 times per week (iii) Optimum duration: 1 to 2 months. (D) Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20(e)." Per progress report dated 01/08/15, treater's reason for the request is "based upon medically reasonable treatment requirements." Per progress report dated 02/05/15, treater states, "Patient reports having completed 6 sessions of acupuncture previously, which helped lower her pain by 10-15%." Given patient's condition, additional sessions of acupuncture would be indicated. MTUS requires documentation of functional improvement, defined by labor code 9792.20(e) as significant change in ADL's, or change in work status AND reduced dependence on other medical treatments, prior to extending additional treatments. In this case, per progress report dated 01/08/15, work status has changed from temporarily totally disabled to modified work. However, there is no discussion of reduced dependence on other medical treatments such as documented decrease in medications, to warrant extension of acupuncture treatment. Therefore, the request IS NOT medically necessary.