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| Case Number: | CM15-0066340 | | |
| Date Assigned: | 04/14/2015 | Date of Injury: | 06/21/2009 |
| Decision Date: | 05/15/2015 | UR Denial Date: | 03/23/2015 |
| Priority: | Standard | Application Received: | 04/07/2015 |

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 59 year old male who sustained an industrial injury on 6/21/09. The mechanism of injury is unclear. He currently complains of constant, moderate mid-back, low back and right leg pain as well as pain over the right sacroiliac joint. He uses a cane for ambulation. He has poor sleep quality. He rates his pain level at 7/10. He has limited activities of daily living that involve prolonged standing, walking, driving, and sitting. Medications are Percocet, Methadone, Cymbalta, Lyrica, Celebrex, Prozac, Senokot. Diagnoses include severe discogenic low back pain, secondary to annular fissures at L4-5, status post-surgery/ fusion; severe myofascial pain/ spasm; poor sleep; depression; gastritis from medications; fibromyalgia; implanted pulse generator. Treatments to date include medications, home exercise, H-Wave Unit, right sacroiliac joint block with significant but temporary improvement in symptoms, trigger point injection bilaterally around the thoracic incision. Diagnostics include computed tomography of the lumbar spine (9/20/13, 12/5/12, and 10/16/12); electromyography of the lumbar spine (6/6/13) normal. In the progress note dated 3/2/15 the treating provider's plan of care requests a trial of acupuncture twice a week for three weeks for the thoracic and lumbar spine due to increased pain.

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 3 weeks for the thoracic and lumbar spine: Overturned

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Patient has not had prior Acupuncture treatment. Provider requested initial trial of 6 acupuncture sessions which were modified to 3 by the utilization review. Per guidelines 3-6 treatments are supported for initial course of Acupuncture with evidence of functional improvement prior to consideration of additional care. Requested visits are within guidelines and therefore medically necessary. Additional visits may be rendered if the patient has documented objective functional improvement. MTUS- Definition 9792.20 (f) Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam. Per guidelines and review of evidence, 6 Acupuncture visits are medically necessary.