

Case Number:	CM15-0067707		
Date Assigned:	04/15/2015	Date of Injury:	07/16/2009
Decision Date:	05/18/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	04/10/2015

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 55 year old male who sustained an industrial injury on 7/16/09 when he was attacked by a pit bull dog causing him to twist the shopping carts and his lower back to protect himself. He had immediate left lower back pain and later in the day developed left posterolateral leg pain to the plantar and lateral aspect of the foot. He had a prior industrial related low back injury in 2002 which required lumbar spinal surgery. He currently complains of aching left lower lumbar region, aching and numbness at the left posterior and lateral aspect of the foot. His pain level is 5-6/10. Medications are Neurontin, Protonix and Tramadol. Diagnoses are lower lumbar disc protrusions and stenosis with chronic left lower back pain and L5-S1 radiculopathies; industrial related back injury with L5 hemilaminectomy. Treatments to date include acupuncture, physical therapy, medications, epidural steroid injections which offer several months of pain relief. Diagnostics include MRI of the lumbar spine (8/17/09, 11/25/14) with abnormalities noted; electromyography (1/15/10) abnormal study with evidence of chronic left S1 radiculopathy. In the progress note dated 2/13/15 the treating provider's plan of care includes a course of acupuncture two times per week for four weeks to treat pain and facilitate recovery. Acupuncture was found effective in treating his pain flares and to maximize his activity and exercise tolerance. Per a report dated 10/2/14, the provider states that the claimant underwent six sessions of acupuncture in July 2010. He reported improvement in pain in the low back and a decrease in medication usage. The claimant did not refill Naproxen between Jun 2010 and Sept 2010 and he underwent acupuncture between 8/10/2010 and 9/14/2010.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture-manual stimulation 2 times per week for 4 weeks QTY: 8.00: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

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 acupuncture of unknown quantity and duration and had subjective benefits. Although the provider states that medications were reduced. There is no documentation of the normal refill quantity of naproxen. Furthermore, the claimant had to refill his medication the month after acupuncture was rendered. Since, the provider fails to document objective functional improvement associated with acupuncture treatment, further acupuncture is not medically necessary.