

Case Number:	CM15-0072205		
Date Assigned:	04/22/2015	Date of Injury:	04/18/2012
Decision Date:	05/20/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/16/2015

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, Pain Management

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 66 year old female, who sustained an industrial/work injury on 4/18/12. She reported initial complaints of lumbar pain. The injured worker was diagnosed as having degeneration of lumbar or lumbosacral intervertebral disc, displacement of thoracic or lumbar intervertebral disc without myelopathy, spinal stenosis of lumbar region without neurogenic claudication, lumbago. Treatment to date has included medication, epidural steroid injection, independent home exercises, and aquatic therapy. MRI results were reported on 9/21/12. Currently, the injured worker complains of pain in the bilateral aspects of the lower lumbar area, more on the right with pain in the right hip. Pain was rated 7/10. Per the primary physician's progress report (PR-2) on 3/18/15, examination revealed gait was antalgic, tenderness over the area of L4-5 to L5-S1 levels. Aquatic therapy is reported to help with pain. The requested treatments include acupuncture x 8 visits for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture x 8 visits for the lumbar spine (for 30 mins), QTY: 8: 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: Regarding the request for acupuncture, California MTUS does support the use of acupuncture for chronic pain. Acupuncture is recommended to be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Additional use is supported when there is functional improvement documented, which is defined as either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment. A trial of up to 6 sessions is recommended, with up to 24 total sessions supported when there is ongoing evidence of functional improvement. Within the documentation available for review, it is unclear what current concurrent rehabilitative exercises will be used alongside the requested acupuncture. Additionally, the current request for a visit exceeds the 6-visit trial recommended by guidelines. Unfortunately, there is no provision to modify the current request. As such, the currently requested acupuncture is not medically necessary.