

Case Number:	CM15-0073973		
Date Assigned:	04/24/2015	Date of Injury:	01/28/1998
Decision Date:	05/29/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/17/2015

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: 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 62 year old male who sustained a work related injury January 28, 1998. According to a primary treating physician's progress report, dated March 19, 2015, the injured worker presented for re-evaluation of his low back and extremity pain. The addition of Tramadol ER has helped his pain and in combination with other medications namely Norco, and gabapentin, he is walking daily and more active around the house. The pain is rated 9/10 without medication and 5/10 with medication. The pain is described as achy low back pain radiating to both groins. The pain is worse with walking and decreased with standing. He started acupuncture and has had one visit, is authorized for three, and would like more. He continues to use a TENS unit. Impression is documented as post-laminectomy syndrome; chronic low back pain; s/p L5-S1 fusion 2001; s/p L4-L5 fusion 2007; discogenic low back pain; chronic low back pain with radicular symptoms. Treatment plan included request for authorization of medications and six 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:

6 Acupuncture sessions: Overturned

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Despite that the patient underwent lower back surgery, multiple epidurals, physical therapy, is taking NSAIDs with upper GI intolerance, narcotics (4/day), continues significantly symptomatic. The provider requested six acupuncture sessions as a trial (3 were approved) and only 1/3 sessions was rendered with significant pain reduction. The guidelines note that the amount of acupuncture to produce functional improvement is 3 to 6 treatments. If the 1 session that was performed was described as helpful reducing pain, it is seen reasonable the request for six additional sessions to further improve the patient's complex medical condition, with a possible reduction of the narcotic intake and also increase function. Therefore the request is medically necessary.