

Case Number:	CM15-0074069		
Date Assigned:	04/24/2015	Date of Injury:	06/08/2012
Decision Date:	06/01/2015	UR Denial Date:	04/10/2015
Priority:	Standard	Application Received:	04/20/2015

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 55 year old female, who sustained an industrial injury on 06/08/2012. She has reported subsequent low back, neck and upper extremity pain and headaches and was diagnosed with lumbar discopathy/radiculopathy of the right lower extremity, cervical discopathy, history of fracture of the right tibia and contusion with sprain/strain of the right forearm. Treatment to date has included oral and topical pain medication. In a progress note dated 03/05/2015, the injured worker complained of constant neck pain, headaches and lower back pain with radiation to the lower extremities. Objective findings of the lumbar spine were notable for palpable paravertebral muscle tenderness with spasm, positive seated nerve root test, guarded and restricted range of motion, tingling and numbness in the lateral thigh, anterolateral and posterior leg and foot and findings of the right ankle were notable for tenderness with a limp favoring the right side, pain, limited range of motion and discoloration. A request for authorization of 8 sessions of acupuncture of the lumbar spine and right lower extremity was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture x 8 for the lumbar spine and right lower extremity: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: In reviewing the records available, it does not appear that the patient has yet undergone an acupuncture trial. As the patient continued symptomatic despite previous care, an acupuncture trial for pain management and function improvement would have been reasonable and supported by the MTUS (guidelines). The guidelines note that the amount to produce functional improvement is 3-6 treatments. The same guidelines could support additional care based on the functional improvement(s) obtained with the trial. As the provider requested initially 8 sessions, number that exceeds the guidelines recommendations without documenting any extraordinary circumstances, the request is seen as excessive, therefore not supported for medical necessity.