MAXIMUS Federal Services

Case Number:	CM15-0078073		
Date Assigned:	04/29/2015	Date of Injury:	08/05/2013
Decision Date:	05/28/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	04/23/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 30 year old female, who sustained an industrial injury on 8/5/13. She reported low back and left leg injury. The injured worker was diagnosed as having thoracic or lumbosacral neuritis or radiculitis, sprains and strains of lumbar region, lumbago and sciatica. Treatment to date has included oral medications including narcotics, acupuncture, physical therapy, activity restrictions and home exercise program. Currently, the injured worker complains of lower back pain and left lower extremity pain. She rates the pain 6/10 and medications help to relieve the pain. Physical exam noted positive lumbar facet loading with limited range of motion of left lower extremity. The treatment plan included request for 8 additional sessions of acupuncture (the injured worker has completed 2 of 4 acupunctures at this time) and follow up appointment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight additional acupuncture (8 sessions) for the left leg as an outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Acupuncture.

Decision rationale: Pursuant to the Acupuncture Medical Treatment Guidelines and the Official Disability Guidelines, acupuncture left leg eight additional sessions is not medically necessary. Acupuncture is not recommended for acute low back pain. Acupuncture is recommended as an option for chronic low back pain using a short course of treatment in conjunction with other interventions. The Official Disability Guidelines provide for an initial trial of 3-4 visits over two weeks. With evidence of objective functional improvement, a total of up to 8 to 12 visits over 4 to 6 weeks may be indicated. The evidence is inconclusive for repeating this procedure beyond an initial short period. In this case, the injured worker's working diagnosis are thoracic or lumbosacral neuritis not otherwise specified. There is no diagnosis involving or referencing the left lower extremity. The progress note dated March 31, 2015 states the injured worker completed for acupuncture treatments to the low back and leg. The injured worker reportedly has decreased pain. The VAS pain scale is unchanged from October 23, 2014 to March 31, 2015. The physical examination from March 31, 2015 compared to the physical examination dated October 23, 2014 is unchanged. There is no documentation evidencing objective functional improvement after four acupuncture sessions to the left leg. Consequently, absent clinical documentation with objective functional improvement referencing the four prior acupuncture sessions to the left leg, acupuncture left leg eight additional sessions is not medically necessary.