

Case Number:	CM15-0079917		
Date Assigned:	04/30/2015	Date of Injury:	03/28/2007
Decision Date:	06/02/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/27/2015

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 male patient who sustained an industrial injury on 03/28/2007. A primary treating office visit dated 03/17/2015 reported the patient with subjective complaint of chronic low back pain. He reports having medications, and services denied. He has undergone eight acupuncture sessions with note of having "functional improvement", along with being able to discontinue all narcotics. He showed improvement in function with an increase in activity. Current medications are: Ultram, Ambien, and Gabapentin. In addition, he takes an anticoagulant and has to avoid NSAID's. The following diagnoses are applied: chronic thoracic pain; significant disc degeneration to include an extruded disk and a protrusion; chronic low back pain with right lower extremity pain; biforaminal stenosis; slight retrolisthesis; detoxification program completion, and thoracic multi-level laminectomy/discectomy on 01/30/2014. The plan of care involved: continuing with medications, acupuncture sessions, and follow up in one month.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional lumbar acupuncture x 6 sessions: Overturned

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, Acupuncture.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The guidelines could support additional care based on the functional improvement(s) obtained/documented with previous care. The guidelines also note that the amount of acupuncture to produce functional improvement is 3 to 6 treatments. The patient obtained with eight prior acupuncture sessions gains that were documented as pain reduction allowing to discontinued medication intake (narcotics), and functional improvement (increased ability to perform weight bearing activities). The patient is morbidly obese, his medication intake includes Tramadol (4-6/day, opioid) and presents a drinking problem. Therefore, if after prior acupuncture care (eight sessions) rendered the benefits were reported as symptom-narcotic intake reduction-functional improvement, the additional acupuncture x 6 is seen as appropriate, Therefore, the request is medically necessary.