

Case Number:	CM15-0092455		
Date Assigned:	05/18/2015	Date of Injury:	09/17/2002
Decision Date:	06/18/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	05/13/2015

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:

This is a 40 year old female with a September 17, 2002 date of injury. A progress note dated March 25, 2015 documents subjective complains (increasing lower back pain along with left leg radicular pain), objective findings (mild antalgic gait; marked tenderness to palpation over the lumbar spine paravertebral muscles; spasms and guarding; decreased straight leg raise; hypoesthesia over the anterolateral aspect of the left leg), and current diagnoses (chronic musculoligamentous strain of the lumbar spine with left leg radiculitis; herniated ruptured disc at L3-4, L4-5 level and discogenic disease of the lumbar spine). Treatments to date have included medications, trigger point injection (helpful), home exercise, acupuncture (improved activities of daily living with decreased pain and improved functionality), and physical therapy (helpful with core strengthening and improved activities of daily living). The medical record identifies that medications provide symptomatic relief. The treating physician documented a plan of care that included additional acupuncture x 6.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture x6 Sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The guidelines note that the number of acupuncture sessions to produce functional improvement is 3-6 treatments also states that extension of acupuncture care could be supported for medical necessity "if functional improvement is documented 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." The patient already underwent an unknown number of acupuncture sessions without any specific, objective improvements documented (function-activities of daily living improvement, medication reduction, work restrictions reduction, etc). In the absence of clear evidence of significant quantifiable response to treatment obtained with previous acupuncture care, the request for additional acupuncture is not supported for medical necessity.