

Case Number:	CM15-0093813		
Date Assigned:	05/20/2015	Date of Injury:	01/04/2014
Decision Date:	06/22/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	05/15/2015

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 30 year old male who sustained an industrial injury on 1/4/14. The injured worker was diagnosed as having lumbar spine radiculopathy, parasthesias bilateral lower extremities, neuroforaminal narrowing of the lumbar spine at L4-L5 per magnetic resonance imaging, disc protrusion 3mm of the lumbar spine at L4-L5 and L5-S1 and annular fissuring of the lumbar spine at L3-L4 and L4-L5. Currently, the injured worker was with complaints of pain in the lumbar spine with radiation to the left hip. Previous treatments included acupuncture treatment, activity modification, medication management, and physical therapy. Previous diagnostic studies included a magnetic resonance imaging and radiographic studies. Physical examination was notable for an antalgic gait, tenderness to percussion to the paraspinals. The plan of care was for additional acupuncture treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for the lumbar spine, once a week for six weeks: 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 amount of acupuncture to produce functional improvement is 3 to 6 treatments. The same guidelines read 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." After an unknown number of prior acupuncture sessions (reported as beneficial with no specifics given), no evidence of any significant, objective functional improvement (quantifiable response to treatment) directly attributable to previous acupuncture was provided to support the reasonableness and necessity of the additional acupuncture requested. Therefore, based on the lack of documentation demonstrating medication intake reduction, work restrictions reduction, activities of daily living improvement or reporting any extraordinary circumstances to override the guidelines recommendations, the additional acupuncture requested fails to meet the criteria for medical necessity.