

Case Number:	CM15-0094511		
Date Assigned:	05/20/2015	Date of Injury:	01/21/2014
Decision Date:	06/26/2015	UR Denial Date:	05/12/2015
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 38-year-old male who sustained an industrial injury on 01/21/2014 resulting in injury to the low back. Treatment provided to date has included medications (Norco, Gabapentin and Cymbalta); acupuncture (8 sessions); lumbar injections (1); and conservative care. Diagnostic tests performed include MRI of the lumbar spine (04/06/2015) which revealed multi-level left-sided neural foraminal disease at L2-3 through L4-5 with neural foraminal narrowing, minimal right-sided neural foraminal narrowing at L5-S1, and Left-sided extrusion at L3-4 that may be in contact with the left L4 nerve root in the lateral recess. There were no noted previous injuries or dates of injury, and no noted comorbidities. On 04/23/2015, physician progress report noted complaints of ongoing and increasing low back pain with radicular symptoms down the left lower extremity. There was no pain rating or description of pain noted. However, the injured worker reported worsening pain due to the denial of medications the previous month, and due to no longer receiving acupuncture. The previous exam reported pain levels of 8/10 to 9/10 before medication which was reduced to 6/10 about 30 minutes after medication which last for about 3 hours. Current treatments include medication prescriptions consisting of Norco, Gabapentin and Cymbalta. The physical exam revealed "no significant changes". A progress note dated 04/30/2015, noted exam findings of positive tension sign at about 35-40°, and significant weakness. The provider noted diagnoses of low back pain with radiculopathy. Plan of care includes additional acupuncture, continued medications and follow-up. The injured worker's work status was noted to be working full time with restrictions.

Requested treatments include follow-up appointment in one month and 6 additional sessions of acupuncture for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow-up in 1 month: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index, 9th Edition (web), 2011.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain Chapter Office Visit.

Decision rationale: CA MTUS does not specifically address the issue. ODG states that evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, to monitor the patient's progress, and make any necessary modifications to the treatment plan. The patient is taking narcotics, continues symptomatic, working modified duties, therefore, a follow up appointment is indicated to monitor the patient's condition. This request is medically necessary.

Additional 6 sessions of Acupuncture to the Lumbar Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index, 9th Edition (web), 2011.

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 eight acupuncture sessions without any objective improvements documented (function-activities of daily living improvement, medication reduction, work restrictions reduction, etc) as matter of fact the lack of benefits was reported in the providers report dated 03-26-15 as "not effective". In the absence of any evidence of quantifiable response to treatment obtained with previous acupuncture care, the request for additional acupuncture is not medically necessary.