

Case Number:	CM15-0095372		
Date Assigned:	05/21/2015	Date of Injury:	04/20/2004
Decision Date:	06/24/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/18/2015

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 46 year old male, who sustained an industrial injury on 4/20/2004. He reported mid-low back pain. The injured worker was diagnosed as having thoracic disc protrusion with thoracic facet syndrome and overlying myofascial pain, depression and anxiety. Treatment to date has included medications, home exercise program, and chiropractic treatment. The request is for acupuncture for the upper back. On 2/12/2015, he had complained of mid thoracic pain. He reported his current medications to be quite effective. Physical examination revealed tenderness of the thoracic paraspinals. The treatment plan included: Methoderm, Gabapentin, modified duty, spinal cord stimulator, and home exercise program. On 4/15/2015, he complained of back pain rated 6-7/10. He indicated there had been no changes since his previous visit, and his pain is aggravated by sitting and standing. He reported pain being relieved by walking. His current medications are Gabapentin and Clonazepam. His sitting and standing tolerance is 20 minutes, and walking tolerance 30 minutes. The treatment plan included: follow up, modified work status, and acupuncture. The records indicate that he is currently doing home exercises and receiving treatment via chiropractor. The records do not demonstrate the effectiveness of the conservative treatment already received.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture two (2) times a week for four (4) weeks for the Upper Back: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: In reviewing the records available, it does not appear that the patient has yet undergone an acupuncture trial. As the patient continued symptomatic despite previous care (chiropractic, physical therapy, oral medication, work modifications and self-care) an acupuncture trial for pain management and function improvement would have been reasonable and supported by the MTUS (guidelines). The guidelines note that the amount to produce functional improvement is 3-6 treatments. The same guidelines could support additional care based on the functional improvement(s) obtained with the trial. As the provider requested initially 8 sessions, number that exceeds the guidelines recommendations without documenting any extraordinary circumstances, the request is seen as excessive and therefore not medical necessity.