

Case Number:	CM15-0099330		
Date Assigned:	06/01/2015	Date of Injury:	10/03/2014
Decision Date:	08/18/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	05/22/2015

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 53 year old male who sustained an industrial injury to his lower back on 10/03/2014 while unloading 45 pound pallets from a truck. The injured worker was diagnosed with cervical spine sprain/strain, lumbar spine sprain/strain with disc herniation, bilateral lower extremity radiculopathy and post-traumatic stress. Treatment to date has included diagnostic testing with recent lumbar spine magnetic resonance imaging (MRI) in January 2015, Electromyography (EMG)/Nerve Conduction Velocity (NCV) in March 2015, chiropractic therapy, physical therapy (approximately 24 sessions), psychiatric consultation, lumbosacral orthotics and medications. According to the primary treating physician's progress report on April 13, 2015, the injured worker continues to experience low back pain. Several documents within the submitted medical records were difficult to decipher. Examination noted lumbar range of motion was painful with positive muscle spasm. The injured worker remains off work. Current medications are listed as Tramadol and Omeprazole. Treatment plan consists of continuing with medications, follow-up with psychiatrist and the current request for acupuncture therapy once a week for 8 weeks to the cervical and lumbar spine and bilateral legs.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture once per week times 8 weeks to cervical, lumbar and bilateral leg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The provider requested acupuncture x 2 up to 24 visits (report dated 04-13-15), acupuncture x 8 (based on the request for authorization, same date). The report from the provider was handwritten, poor penmanship, no goals for the request were identified, no specific function deficits to be addressed by the acupuncture, were reported. Whether the patient already underwent acupuncture care is unknown. Assuming that this request is for an acupuncture trial: the guidelines note that the amount to produce functional improvement is 3 to 6 treatments. The same guidelines could support additional care based on the functional improvement(s) obtained with the trial. As the primary care physician requested an initial 8 acupuncture sessions, which is exceeding the number recommended by the guidelines without current extenuating circumstances documented, the request is seen as excessive and not medically necessary.