

Case Number:	CM13-0005897		
Date Assigned:	06/06/2014	Date of Injury:	10/11/2012
Decision Date:	07/11/2014	UR Denial Date:	07/17/2013
Priority:	Standard	Application Received:	08/01/2013

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. The expert reviewer is licensed in Chiropractic and Acupuncture, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 female who reported low back pain from injury sustained on 10/11/12. She was getting out of her truck, she lost grip and fell backwards. MRI of the lumbar spine is unremarkable. CT scan of the head was unremarkable. Patient is diagnosed with Lumbar spine sprain/strain. Patient has been treated with medication, physical therapy and acupuncture. Per notes dated 5/2/13, patient complains of right sided low back pain. Occasionally she gets radiation down the back of the thigh. Pain is rated at 6-7/10 without medication and 4-5/10 with medication. Acupuncture progress notes dated 06/26/13 states that she still experiences pain and weakness in her low back, but her pain seems to be less intensified comparing prior to acupuncture treatment. She states that she is more functional and does more things. 07/02/13 additional request for 8 acupuncture sessions was made which was modified to 4 sessions per guidelines. Per notes dated 08/27/13, she continues to have low back pain; pain has been significant and is rated at 7-9/10 without medication and 4-6/10 with medication. "Acupuncture has been quite helpful, but in between the acupuncture, the pain comes back". Patient hasn't had any long term symptomatic or functional relief with acupuncture care. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 OF 8 REQUESTED ACUPUNCTURE SESSIONS TO LUMBAR SPINE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Per MTUS- Section 9792.24.1 Acupuncture Medical treatment Guidelines page 8-9. "Acupuncture is used as an option when pain medication is reduced and not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery". "Time to produce function improvement: 3-6 treatments. 2) Frequency: 1-3 times per week. 3) Optimum duration: 1-2 months. Acupuncture treatments may be extended if functional improvement is documented". Patient has had prior acupuncture treatment. There is lack of evidence that prior acupuncture care was of any functional benefit. Per notes dating 8/27/13, patient continues to have low back pain rated at 7-9/10 without medication and 4-6/10 with medication. Progress notes also state that acupuncture has been quite helpful, but in between the acupuncture the pain comes back. Patient has not had any long term objective functional improvement. Additionally per guidelines 3-6 treatments are sufficient for course of Acupuncture. The request was for 8 additional sessions which was modified to 4. Requested visits exceed the quantity of acupuncture visits supported by the cited guidelines. Additional visits may be rendered if the patient has documented objective functional improvement. Per MTUS guidelines, Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam. Per review of evidence and guidelines, additional acupuncture treatments are not medically necessary.