

Case Number:	CM13-0009472		
Date Assigned:	11/01/2013	Date of Injury:	05/20/2010
Decision Date:	03/04/2014	UR Denial Date:	07/26/2013
Priority:	Standard	Application Received:	08/09/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation 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 physician 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 patient is a 55 year-old male that sustained an injury on 5/20/10 while employed by [REDACTED]. The request under consideration includes 12 acupuncture sessions for the lumbar spine (2x/week for 6 weeks as outpatient). The report of 6/26/13 from [REDACTED] noted patient with complaints of low back pain 6-8/10; he is using single point cane for ambulation to assist with pain. The medications list Gabapentin, Tramadol, Omeprazole, Flexeril, Anaprox, and occasional Zolpidem. The exam of the lumbar spine showed TTP in mid lower and upper spinal muscles and left sciatic; Flexion to 20 degrees and extension increases pain; decreased DTR bilaterally 1+; gait antalgic. The diagnoses included lumbago; spinal stenosis; radiculopathy; degenerative lumbar intervertebral discs. The patient will continue medications of Tramadol and Omeprazole; referral to neurosurgeon; continue with acupuncture; quarterly labs; and remains TTD. The request for acupuncture was non-certified on 7/26/13 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 acupuncture sessions for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The California MTUS, Acupuncture Guidelines recommend initial trial of conjunctive acupuncture visit of 3 to 6 treatment with further consideration upon evidence of objective functional improvement. The submitted reports have not demonstrated the medical indication to support continued acupuncture. The patient remains totally temporarily disabled from the 12 acupuncture treatment visits already rendered for this May 2010 injury with unchanged severe chronic pain symptoms and clinical findings. There is no demonstrated functional improvement derived from treatment completed. The 12 acupuncture sessions for the lumbar spine (2 x per week for 6 weeks as outpatient) is not medically necessary and appropriate.