

Case Number:	CM13-0014799		
Date Assigned:	06/06/2014	Date of Injury:	12/09/2012
Decision Date:	07/11/2014	UR Denial Date:	08/01/2013
Priority:	Standard	Application Received:	08/21/2013

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 Board Certified in Orthopedic Surgery and is licensed to practice in Mississippi. 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 records presented for review indicate that this 47 year-old female sustained an injury on 12/9/2012. The mechanism of injury was noted as a low back injury after 10-days of driving tour across [REDACTED]. There are ongoing complaints of low back pain. At the most recent office visit dated 4/17/2013 physical examination demonstrates low back pain upon flexion at 30degrees. A recent MRI of the lumbar spine demonstrates a far left lateral disc protrusion with annular tear at L3-L4, broad based disc protrusion eccentric to the right at L4-L5, and central disc protrusion at L5-S1. Diagnoses: Lumbar strain, lumbar disc disease, neuropathy. Previous treatment includes three visits of acupuncture. A request has been made for six additional acupuncture visits for lumbar spine two times a week for three weeks as outpatient. A prior determination dated January 2013 appears to be based on lack of documentation of functional gains or a reduction in pain medications after a peer-to-peer discussion with the treating provider.

IMR ISSUES, DECISIONS AND RATIONALES

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

SIX ADDITIONAL ACUPUNCTURE VISITS FOR THE LUMBAR SPINE TWO TIMES A WEEK FOR 3 WEEKS AS OUTPATIENT: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines.

Decision rationale: California Medical Treatment Guidelines (CAMTUS) guidelines support acupuncture as an option when pain medication is reduced or not tolerated or as an adjunct to physical rehabilitation to hasten functional recovery. When noting the claimant's diagnosis, date of injury, clinical presentation, and the lack of documentation of conservative treatments or an on-going physical rehabilitation program, there is insufficient clinical data provided to support additional acupuncture; therefore, this request is not considered medically necessary.