

Case Number:	CM13-0015592		
Date Assigned:	10/09/2013	Date of Injury:	03/16/2012
Decision Date:	01/21/2014	UR Denial Date:	08/09/2013
Priority:	Standard	Application Received:	08/23/2013

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 Family Practice, and is licensed to practice in Texas. 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 42-year-old female who reported an injury on 03/16/2012. She was treated for ongoing low back pain and tingling, which radiates down both lower extremities, with the right greater than the left. An MRI of the lumbar spine, performed on 06/08/2012, revealed that the patient has decreased signal intensity on the T2-weighted images, consistent with degeneration at the L4-5 and L5-S1 levels. There was broad-based annular disc bulging present at L5-S1, which measures 3 to 4 mm in anterior posterior dimension. Increased signal intensity was seen with the disc annulus, consistent with an annular tear; and there was some mild facet hypertrophic change as well as mild facet arthropathy seen bilaterally. For the L5 level, it was noted that there was broad-based generalized annular disc bulging present, measuring 3 to 4 mm in anterior posterior dimension, with increased signal intensity seen within the disc annulus, consistent with an annular tear. There was no evidence of central, foraminal or subarticular recess stenosis. Treatment-wise, the patient has already had 7 prior acupuncture sessions and is now requesting additional lumbar acupuncture 3 times a week for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional lumbar acupuncture 3 times a week for 6 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Regarding the request for additional lumbar acupuncture 3 times a week for 6 weeks, under the Division of Workers' Compensation Chapter for the California MTUS Guidelines, it states that acupuncture is used as an option when pain medication is reduced or not tolerated. It may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The frequency and duration of acupuncture or acupuncture with electrical stimulation may be performed as follows: Time to produce functional improvement is 3 to 6 treatments with a frequency of 1 to 3 times per week and an optimum duration of 1 to 2 months. According to the case information, the patient has had 7 prior acupuncture sessions; however, it is unclear as to what objective functional outcomes were achieved from the treatment. Without documentation providing specific functional goals to be achieved with the use of acupuncture as well as the previous objective findings to verify the efficacy of the previous acupuncture treatments, the medical necessity cannot be determined at this time. As such, the request is not medically reasonable or certified.