MAXIMUS Federal Services

Case Number:	CM13-0015866		
Date Assigned:	06/06/2014	Date of Injury:	07/01/2011
Decision Date:	07/29/2014	UR Denial Date:	07/24/2013
Priority:	Standard	Application Received:	08/23/2013

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 Anesthesia has a subspecialty in Acupuncture and Pain Medicine 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 55year old male with a date of injury of 7/1/11 with related low back pain. Per 1/31/14 note, he reported that he has pain occasionally radiating into the buttocks. He also reported experiencing spasms from time to time. He reported his pain as 7/10. MRI of the lumbar spine dated 5/15/12 noted L4-L5 protrusion and severe left L4 neural foraminal stenosis, mild spinal stenosis, and bulging and tears at L3-L4 and L5-S1. He has been treated with physical therapy, epidural steroid injections, TENS, chiropractic manipulation, acupuncture, and medication management. It was noted that due to inconsistent urine screen, he would not be prescribed any opioid medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 SESSIONS OF ACUPUNCTURE: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309,Acupuncture Treatment Guidelines.

Decision rationale: Per Acupuncture Medical Treatment Guidelines page 9, "(c) Frequency and duration of acupuncture or acupuncture with electrical stimulation may be performed as

follows:(1) Time to produce functional improvement: 3 to 6 treatments.(2) Frequency: 1 to 3 times per week.(3) Optimum duration: 1 to 2 months.(d) Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20"The MTUS definition of functional improvement is as follows: ""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, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to sections 9789.10-9789.111; and a reduction in the dependency on continued medical treatment."With regard to acupuncture, ACOEM states "Acupuncture has not been found effective in the management of back pain, based on several high-quality studies, but there is anecdotal evidence of its success." ACOEM p309 gives needle acupuncture an optional recommendation for evaluating and managing low back complaints.Per 1/31/14 note, it is documentated that the injured worker has been undergoing multiple modalities of treatment including acupuncture, yet he continued to have pain rated as 7/10. The medical records contained no documentation of functional improvement, or reduction in medication use secondary to acupuncture. Therefore, the request for 12 sessions of acupuncture is not medically necessary.