

Case Number:	CM13-0016874		
Date Assigned:	10/11/2013	Date of Injury:	02/07/2006
Decision Date:	03/17/2014	UR Denial Date:	08/09/2013
Priority:	Standard	Application Received:	08/26/2013

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 38 year-old who sustained an injury on 2/7/06 while employed by [REDACTED]. The request under consideration includes acupuncture 2 times a week for 6 weeks low back. The report of 6/18/13 from provider noted patient with complaints of lower back pain, depression, frustration, difficulty performing activities of daily living and interacting socially from the pain. The exam of the lumbar spine showed tenderness to palpation over L4 and L5, no swelling and slight to moderate muscle spasm. The active flexion was 50% normal, extension at 60% of normal and lateral flexion of 70% normal on left and right with 80% normal. The SLR positive at 80 degrees. The diagnoses included lumbosacral strain and lumbar radiculopathy. The treatment plan was for acupuncture to low back which was non-certified on 8/9/13 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:

The request for acupuncture two times a week for six weeks for the low back: Upheld

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

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 has received previous acupuncture treatment visits rendered for this 2006 injury with unchanged severe chronic pain symptoms and clinical findings. There is no demonstrated functional improvement derived from prior treatment completed. The submitted reports have not demonstrated the medical indication to support for additional acupuncture sessions as there are no specific objective changes in clinical findings, no report of acute flare-up, no new injuries, without decrease in medication usage for this 2006 injury. The acupuncture 2 times a week for 6 weeks low back is not medically necessary and appropriate.