MAXIMUS Federal Services

Case Number:	CM13-0019064		
Date Assigned:	10/11/2013	Date of Injury:	06/25/2005
Decision Date:	02/10/2014	UR Denial Date:	08/02/2013
Priority:	Standard	Application Received:	09/03/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Chiropractic, has a subspecialty in Acupuncture 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 patient is reported to be a 42 y/o female who sustained injury to her back on 6/25/2005. Mechanism: The EE was showering a client, bent over, stood up and felt a burning in her lower back and leg. Diagnoses: Displacement of lumbar disc with myelopathy and degeneration of the lumbar disc; EE is s/p anterior lumbar interbody fusion (ALIF) on 10/27/2008. The 7/30/13 reevaluation by [redacted] reported the EE with normal gait, heel/toe walking normal, right lumbosacral tenderness with flexion of 30 degrees and extension at 15 degrees without pain and decreased sensation on the lateral and dorsal foot. Patient had one Acupuncture visit remaining and reported the prior care had helped significantly in reducing the amount of spasms; the request was for additional Acupuncture. EE was reported working part time at a dry cleaners tolerating her job requirements. Denial of requested Acupuncture was dated 08/05/2013. Rationale: CA MTUS 2009; Acupuncture Guideline; no documentation of significant improvement in ADL's or reduction in work restrictions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six (6) sessions of acupuncture: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation CA ACU Guidelines Title 8, California Code of Regulations, Section 9792.21

Decision rationale: The patient's recent course of Acupuncture management prescribed by [redacted] began with the patient presenting on 3/5/13 with a reported exacerbation of lower back and leg pain following sweeping. She began to experience spasms. Prescribed medication did help lessen pain. Numbness and tingling of the lateral thigh remained. Radiating pain was also reported from buttocks and lateral thigh remained unchanged. Since the exacerbation she was exercising less. Exam: mild tenderness of lumbar paravertebral muscles; ROM flexion: 30 degrees; extension15 degrees with no pain. LE strength +5/5; decreased sensation in the lateral leg and dorsum of foot on the right in an L-5 distribution. 12 Acupuncture sessions were requested and certified on 3/11/13 for 6 of 12 sessions. A PR-2 of 4/16/13 reported the patient with significant improvement with activity level increased. She was reported exercising and sleep had improved. Less pain was reported in the leg along with improved numbness/tingling. Exam: mild TTP right lumbosacral region. ROM decreased to 30 degrees flexion; extension 15 degrees with no pain. Strength remained a 5/5; decreased sensation lateral leg to foot remained. Due to reported improvement, additional; Acupuncture was requested, 6 sessions. EE was instructed to continue NSAID's, muscle relaxants and non-narcotic pain medication. 6 additional Acupuncture sessions were certified on 4/19/13. Medical records from the date of the reported exacerbation documented on 3/5/13 by [redacted] report the EE with regions tenderness in the lower back, lower extremity numbness/tingling and ROM loss. Subsequent PR-2 reports through the most recent on 7/30/13 reflect the EE retuning to exercise with improved sleep after the initial trial of 6 Acupuncture sessions. The subsequent reporting after completion of the initial 6 sessions failed to document any further functional gains in either the lumbar spine ROM's, lower extremity neurological improvement or ADL's. Although the patient has expressed improvement with lessening spasms, none were documented as present or contributing to any functional deficits. The patient has not demonstrated by comparative examination or history improvement in any ADL's beyond those reported on 4/16/13 with a return to exercise/sleep improvement, a lessening in the need for continuing medical management or modification in her continuing work restrictions. The 8/5/13 denial of further Acupuncture, 6 sessions with accompanying rationale was an appropriate determination supported by referenced evidence based guidelines leaving the current Appeal denied.