

Case Number:	CM13-0022922		
Date Assigned:	06/06/2014	Date of Injury:	09/22/2010
Decision Date:	07/14/2014	UR Denial Date:	08/12/2013
Priority:	Standard	Application Received:	09/11/2013

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 Chiropractic and 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 injured worker is a 64 year old male who reported right shoulder and low back pain from injury sustained on 9/22/10 due to a slip and fall. MRI of the lumbar spine revealed multilevel disc desiccation noted throughout the lumbar spine and annular tears at L4-5 and L3-L4. EMG of bilateral lower extremity revealed bilateral S1 radiculopathy. Patient is diagnosed with lumbar sprain; right shoulder sprain and lumbar radiculopathy. Patient has been treated with medication, physical therapy, epidural injection and Acupuncture. Patient was seen for a total of 35 visits per utilization review. The request is for retrospective acupuncture. Per acupuncture progress notes dated 5/29/13, medication intake was reported "same". Patient complains of frequent pain with occasional soreness. Pain is rated at 5/10. Per notes dated 1/9/14, patient reports low back pain and right shoulder pain rated at 2/10. There is no radiation, pain is increased with lifting and right shoulder pain is increased with activity. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. There is lack of documented re-injury which would warrant additional treatment. 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.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Per MTUS- Section 9792.24.1 Acupuncture Medical treatment Guidelines page 8-9. "Acupuncture is used as an option when pain medication is reduced and not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery". "Time to produce function improvement: 3-6 treatments. 2) Frequency: 1-3 times per week. 3) Optimum duration: 1-2 months. Acupuncture treatments may be extended if functional improvement is documented". Patient has had prior acupuncture treatment. There is lack of evidence that prior acupuncture care was of any functional benefit. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Additional visits may be rendered if the patient has documented objective functional improvement. Per MTUS guidelines, 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. Per review of evidence and guidelines, acupuncture treatments are not medically necessary.