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| Case Number: | CM13-0023230 | | |
| Date Assigned: | 11/15/2013 | Date of Injury: | 03/18/1999 |
| Decision Date: | 01/23/2014 | UR Denial Date: | 08/29/2013 |
| 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 a Chiropractor 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.

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 female with a date of injury of 3/18/1999. According to the progress report dated 8/19/2013, the patient reported that she is generally worsened compared to her last visit. She complained of right sided low back pain in the lower lumbar spine approximately at the level of L4-5 and L3-4. The patient reported that she experienced the pain almost every day and described the pain as aching and rates it at 6/10. Her objective findings include 35 degrees in lumbar flexion, and 15 degrees in extension, she is able to stand and walk on her heels and toes, deep tendon reflexes are intact and symmetrical, motor strength is 5/5, normal sensory exam in the lower extremities. She has positive straight leg raise test but does not produce sciatica. X-rays of her lumbar spine dated 4/05/2012 revealed sacralized L5 and advanced spondylosis at L4-5 and moderate spondylosis at L3-4. The patient is diagnosed with lumbar spondylosis and degenerative disc disease with spondylosis at L4-5 and L3-4 and chronic intermittent low back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Request for eight (8) acupuncture treatments: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Acupuncture Medical Treatment Guidelines recommend acupuncture for pain. The guidelines recommend a trial of 3 to 6 treatments with a frequency of 1 to 3 times a week over 1 to 2 months to produce functional improvement. Acupuncture treatments may be extended if functional improvement is documented as defined in section 9792.20(f). According to Â§ 9792.20 Medical Treatment Utilization Schedule, functional improvement is defined as either a clinically significant improvement in activities of daily living or reduction in work restriction as measured during the history and physical exam and a reduction in dependency on continued medical treatment. The provider stated that the patient feels that acupuncture is improving her quality of life, improving her function, reducing the impact on her actives of daily living, and acupuncture significantly reduces her need to take medications such as ibuprofen. The provider stated that acupuncture is improving her quality of life but does not document how. In addition, the provider noted that acupuncture significantly reduced her need to take medications but did not specificity the quantity before and after acupuncture trials. There was no documentation from her acupuncture provider documenting what outcomes were achieved from the treatment. Therefore, the provider's request for 8 acupuncture treatment is not medically necessary at this time.