

Case Number:	CM13-0023309		
Date Assigned:	11/15/2013	Date of Injury:	08/27/2012
Decision Date:	04/29/2014	UR Denial Date:	08/23/2013
Priority:	Standard	Application Received:	09/12/2013

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 Medicine, 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 a 52-year-old with a date of injury of August 27, 2012. Per the doctors first report dated August 7, 2013, the patient complained of low back pain with radiation bilaterally. There was numbness and tingling into the top of the right foot. The patient also complained of left hop pain due to altered gait. There was also sleeping difficulties, stress, depression, and GI upset. Significant objective findings include tenderness over paraspinous processes of L3 through S1, over the lower paravertebral muscles and lumbosacral junction, right sciatic notch, left gluteal region, and left sacroiliac joint. Straight leg raising was positive on the right. Left sided Gaenslen's test and Yeoman test was positive for increased pain. Left hip inspection revealed no evidence of atrophy, swelling, or deformity. Patricks test elicits complaints of the left sacroiliac joint pain. Sensation was decreased to pinprick and light touch in the right lower extremity along the L4 and L5 nerve root distribution. Sensation is grossly intact to pinprick and light touch in the left lower extremity. Gross motor testing of the major muscle groups of the bilateral lower extremities reveals a grade 4/5 weakness of the extensor hallucis longus musculature. The patient was diagnosed with status post lumbar spine surgery, left sacroiliac joint, gastrointestinal upset, stress, anxiety, depression, and sleeping difficulties.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE TO LOW BACK, TWICE PER WEEK FOR SIX WEEKS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Acupuncture Medical Treatment Guidelines recommend acupuncture for chronic pain. It recommends a trial of three to six treatments, one to three times per week over one to two months to produce functional improvement. It states that acupuncture may be extended if there is documentation of functional improvement. There was no evidence that the patient had completed a trial of acupuncture before the provider had requested acupuncture twice per week for six weeks dated August 7, 2013. The patient experienced chronic low back pain. Based on the medical records, a current prescription for acupuncture would most accurately be evaluated as an initial trial for which the guidelines recommend three to six visits. However, the provider submitted a request for acupuncture twice per week for six weeks, which exceeds the guidelines recommended number of trial visits. In addition, records show that the patient completed 6 acupuncture visits from August 20 through September 17, 2013, with no documentation of functional improvement. The request for acupuncture for the low back, twice per week for six weeks, is not medically necessary or appropriate.