

Case Number:	CM13-0026131		
Date Assigned:	12/18/2013	Date of Injury:	12/18/2000
Decision Date:	02/21/2014	UR Denial Date:	08/30/2013
Priority:	Standard	Application Received:	09/18/2013

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 Internal Medicine 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:

This case involves a 51 year-old right hand dominant female who developed chronic low back pain subsequent to an injury occurring on 12/18/00. She apparently has had some evidence of an L5-S1 radiculopathy on the right. There is MRI evidence for an L5-S1 listhesis as well as a right L4-5 disc protrusion and moderate right L4-5 lateral recess narrowing. There is some mention also in the notes of a right shoulder impingement syndrome. The patient has been treated with medications including meloxicam. There is an indication that the patient has had an unknown number of visits of physical therapy. She has also had 6 treatments of acupuncture. There is mention of symptomatic improvement in the note of 08/19/13, but no discussion of specific functional change. It should be noted that the work status report of 07/18/13 indicates that the patient was at full duty as was the case on 07/08/13. At issue is the request for an additional 6 sessions of acupuncture for the lumbar spine which was denied for lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six (6) additional sessions of acupuncture for the lumbar spine is not medically necessary and appropriate: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter- acute/chronic)-Physical Therapy.

Decision rationale: According to Occupational Medicine Practice Guideline page 300, acupuncture has not been found effective in the management of back pain, based on several high-quality studies, but there is anecdotal evidence of its success. Therefore the request for Electro-Acupuncture is not medically necessary. Functional improvement as indicated in the guidelines means either a clinically significant improvement in activities of daily living or reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit and a reduction in the dependency on medical treatment. For this patient, there is mention that she has had some symptomatic improvement, however, there is no information available relating to documentation of functional improvement since the patient has continued to require continued medical treatment. There is no discussion of change in activities of daily living. Furthermore, with regards to work restrictions, it should be noted that the patient appears to have been placed at full duty since at least 06/06/13. Therefore, in light of the above, and given the directions provided by the guidelines, the request for Acupuncture session is not medically necessary.