

Case Number:	CM13-0029710		
Date Assigned:	12/11/2013	Date of Injury:	11/30/2007
Decision Date:	02/03/2014	UR Denial Date:	09/22/2013
Priority:	Standard	Application Received:	09/27/2013

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 Pain Management, has a subspecialty in Disability Evaluation 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:

The 57-year-old claimant with history of back injury on 11/30/2007 and the following diagnosis: Lumbar spine pain; Failed back surgery syndrome; Lumbar facet joint pain; Lumbar neuralgia; Bilateral knee arthroplasties; Status-post Lumbar spine surgery in 2011. The claimant notes short term relief with prior acupuncture visits. The claimant reports persistent severe lumbar spine pain with tingling in the right lower extremity from the knee down the foot with numbness of the left forefoot which is now ascending into the leg. Clinically, there is tenderness and limitation of motion in the lumbar spine as well as positive Braggard's and Kemp's tests. There is tingling in the L4, LS, and S1 dermatomes of the forefoot and ascending up the leg. The current request is continued acupuncture sessions 2 times a week for 3 weeks for the lumbar spine. Treating physician's pain management consultation report dated 07/03/13 states that the claimant received 6 visits of acupuncture treatment with noted short term relief. The claimant underwent implant of temporary spinal cord stimulator leads on 06/04/12 and removal of the leads on 06/11/12 with noted 30 percent relief. The claimant reports ongoing severe pain in the lumbar spine with tingling sensation in the right lower extremity from the knee down to the foot with numbness in the left forefoot, which is now ascending into the leg. The claimant also reports severe left greater than right knee pain. Examination of the lumbar spine shows tenderness in the lumbar paras pinal region, from L3 through S1. There is positive Braggard's test and positive Kemp's test. Range of motion in the lumbar spine into flexion is 20 degrees, extension is 15 degrees, lateral flexion is 15 degrees, and rotation is 20 degrees. There is tingling sensation corresponding to the right L4, LS, and S 1 dermatomes from the knee to the foot and numbness to the left L4, LS, and S1 dermatomes of the forefoot and ascending up the leg. The provider recommends me

IMR ISSUES, DECISIONS AND RATIONALES

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

CONTINUED ACUPUNCTURE SESSIONS 2 TIMES A WEEK FOR 3 WEEKS FOR THE LUMBAR SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chapter 4.5. Division of Workers' Compensation. Subchapter 1. Administrative Director-Administrative Rules. Article 5.2.2. Medical Treatment Utilization Schedule. 9792.20, 9792.24.1. Acupuncture Medical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Acupuncture Treatment Guidelines.

Decision rationale: Acupuncture MTUS states that acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The time to produce functional improvement is typically 3-6 treatments; however acupuncture treatments may be extended if functional improvement is documented. 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 CONTINUED ACUPUNCTURE SESSIONS 2 TIMES A WEEK FOR 3 WEEKS FOR THE LUMBAR SPINE is not medically necessary.