

Case Number:	CM13-0030823		
Date Assigned:	11/27/2013	Date of Injury:	08/29/2009
Decision Date:	01/27/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/01/2013

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 Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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 patient is a 45-year-old female who reported an injury on 08/29/2009 as the result of an assault by a patient. Notes indicate that the patient has injuries to the left elbow, left knee, right thumb, right wrist, and low back area. This patient was evaluated on 08/19/2013. Notes indicated the patient reported ongoing low back pain which the patient verbalized as 4/10 VAS. The patient denied any significant changes to back pain since her last visit, but did have some increased right thumb and wrist pain. Notes indicated the patient had been tapered off Cymbalta completely and had noticed huge improvement with diarrhea and irritable bowel complaints. Notes indicate the patient is working full duty and continues to take Prilosec and naproxen on an as needed basis as well as occasional tramadol. Objective clinical findings noted a normal gait with tenderness to palpation of the lumbar paraspinal musculature and tenderness to palpation of the L4-5 facet joints. The patient pointed to the L4-5 region as the pain generator, and range of motion of the lumbar spine was noted to be decreased in all planes with increased pain on lumbar extension and positive facet challenge. Lower extremity sensation was intact bilaterally with motor strength 5-/5 for the bilateral EHL, with the remainder of the lower extremity motor function graded at 5/5. The patient had negative straight leg raise bilaterally. Treatment plan notes indicated a recommendation for diagnostic medial branch blocks bilaterally at L4-5, and a request was made for additional acupuncture 2 times a week for 4 weeks to the lumbar spine for pain control. A review of clinical notes indicated that the patient had 28 acupuncture visits between 10/2010 and 01/2013; however, the result is not known.

IMR ISSUES, DECISIONS AND RATIONALES

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

acupuncture to the lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: CA MTUS Guidelines state 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. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. The documentation submitted for review indicates that the patient has prior treatment history with 28 sessions of acupuncture therapy attended. However, there remains a lack of documentation indicating objective functional improvement of the patient with treatment in acupuncture. Given the above, the request for Acupuncture to the lumbar spine is not medically necessary and appropriate