

Case Number:	CM13-0031794		
Date Assigned:	12/27/2013	Date of Injury:	04/18/2012
Decision Date:	02/19/2014	UR Denial Date:	09/16/2013
Priority:	Standard	Application Received:	10/04/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Expert Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Expert Reviewer is licensed 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 injured worker is a 48-year-old male who reported low back pain and dizziness, due to injury sustained at work on 04/18/2012. The patient states that on the day of injury, he was cleaning a carpet using side by side machine with very strong cleaning chemical, he became dizzy. He states that the side by side machine pulled him to one side with a force jerking his low back. Patient was diagnosed with lumbar disc disease, lumbar radiculopathy, Lumbar Facet Syndrome. The MRI of the lumbar spine was done on 7/12/12 with finding of multi level degeneration and disc bulges. The patient received extensive therapy including medication (Norco, MS Contin, and Naprosyn), epidural shots, acupuncture and physical therapy. The patient failed conservative therapy and is a surgical candidate. The patient has gained approximately 85 lbs since his injury. The patient had two (2) epidural shots on 2/7/13 and 3/9/13, which helped decrease the pain for a short period of time. The acupuncture treatments mildly reduced the pain, but the patient did not have functional improvement from the treatment. The patient continues to have pain and flare-ups. He still remains symptomatic and out of work.

IMR ISSUES, DECISIONS AND RATIONALES

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

six (6) acupuncture visits between /13/2013 and 10/13/2013: 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 indicate that the frequency and duration of acupuncture may be performed as follows: 1) Time to produce functional improvement 3-6 treatments; 2) Frequency 1-3 time/week; and 3) Optimum duration 1-2month. Acupuncture treatments may be extended if functional improvement is documented. Based on the guidelines and review of evidence, six (6) acupuncture visits between 9/13/13 and 10/13/13 are not medically necessary. Per the evaluation by the physician on 9/15/13, the patient had mild improvement subjectively. The patient did not have any functional improvement with treatment. According to the guidelines, acupuncture treatments may be extended if functional improvement is documented. According to the MTUS-definition (f), " Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under (OMFS); and a reduction in the dependency on continued medical treatment". Due to the lack of function improvement, six (6) acupuncture visits are not medically necessary.