

Case Number:	CM13-0036573		
Date Assigned:	12/13/2013	Date of Injury:	06/03/1997
Decision Date:	04/21/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	10/21/2013

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 and 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 67 year old female who reported low back and bilateral leg pain from injury sustained on 06/03/97 after falling from a stool. CT scan of the spine revealed most likely solid fusion T10-L5; T6-T8 disc spondylosis. MRI of the lumbar spine revealed transitional stenosis T3-7, T7-8 with moderate to severe canal stenosis at these levels and spinal cord compression. Patient is diagnosed with Lumbar/Lumbosacral degeneration and thoracic disc displacement. Patient has been treated extensively with medication; thoracic and lumbar laminectomies; physical therapy and acupuncture. Per notes dated 06/25/12, "she continues acupuncture therapy twice a week; at most she may get 2 days relief from a very good session; however, it is not always this way, this is only occasional". Per notes dated 09/23/13, patient noted significant pain in the mid-back that was intolerable. Patient was unable to take pain medication because patient was "allergic to most of it". The notes fail to document the objective findings and expected objective outcome. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Patient hasn't had any long term symptomatic or functional relief with acupuncture care.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back and Acupuncture Medical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Expert Reviewer's decision rationale: Per MTUS- Section 9792.24.1 Acupuncture Medical treatment Guidelines page 8-9. "Acupuncture is used as an option when pain medication is reduced and not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery". "Time to produce function improvement: 3-6 treatments. 2) Frequency:1-3 times per week. 3) Optimum duration:1-2 months. Acupuncture treatments may be extended if functional improvement is documented". Patient has had prior acupuncture treatment. There is lack of evidence that prior acupuncture care was of any functional benefit. Additional visits may be rendered if the patient has documented objective functional improvement. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Per MTUS guidelines, Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam. Per review of evidence and guidelines, 8 acupuncture treatments are not medically necessary.