

Case Number:	CM13-0043990		
Date Assigned:	01/03/2014	Date of Injury:	01/25/2001
Decision Date:	05/06/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	10/31/2013

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 licensed in Chiropractic & 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:

Claimant is 70 year old male who sustained a work related injury on 1/25/2001. Per a PR-2 (Progress Report) dated 10/1/2013, the claimant has ongoing lower back pain. The pain is 7/10 and exacerbated by prolonged sitting and standing, pulling, and carrying. It is relieved by walking, stretching and acupuncture. He also has associated symptoms such as spasms raidating up the back. The claimant is reported to responded well to acupuncture which has helped relax his muscles, decrease pain, improve his quality of live and overall function. The current request is for acupuncture to reduce opiate use by 30% or minimize his use of oral medication for pain control. Per a PR-2 dated 7/9/2013, the claimant has had 40-60% relief with acupuncture. Prior treatment includes physical therapy, acupuncture, and oral medication. The claimant has had at least 24 sessions of acupuncture from 10/25/12 to 8/13/13. He had acupuncture in prior years as well. There are some initial functional gains from 2/25/2013-4/15/2013 of sitting, standing tolerance and ability to clean. However, no further significant functional gains or reduction of medicaiton was documented in subsequent reports. His diagnoses are lumbar or lumbosacral disc degeneration, sciatica, lumbosacral spondylosis without myelopathy, and lumbar spine neuritis/radiculitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL ACUPUNCTURE - ONE (1) TIME A WEEK FOR EIGHT (8) WEEKS FOR THE LOW BACK: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to evidenced based guidelines, further acupuncture visits after an initial trial are medically necessary based on documented functional improvement. "Functional improvement" means either a clinically significant improvement in activities of daily living or a reduction in work restrictions. The claimant has had extensive acupuncture over the years. However the provider failed to document significant functional improvement associated with his acupuncture visits. The provider is requesting acupuncture to reduce medication but there is no documentation of any reduction of medication as a result of acupuncture. The visits appear to be mainly maintenance in nature with no sustained benefit. Therefore, additional acupuncture - one (1) time a week for eight (8) weeks for the low back is not medically necessary and appropriate.