

Case Number:	CM13-0048715		
Date Assigned:	12/27/2013	Date of Injury:	03/15/2012
Decision Date:	02/28/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/06/2013

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 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 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 injured worker is a 53 year old female who reported Low back pain from injury sustained on 3/15/12. Patient was doing her regular and customary duties of lifting a patient off of the floor when she felt a "pop" in the low back with severe pain. MRI of the Lumbar spine revealed disc desiccation, Annular tear and central disc protrusion at L4-L5. Patient was diagnosed with Lumbar radiculopathy and Lumbosacral neuritis. Patient was treated with medication, Epidural injections, Chiropractic and Acupuncture. Patient was re-evaluated on 10/14/13 to determine if care has been beneficial and/or if further treatment is necessary. Patient had a total of 16 Acupuncture visits. Patient had temporary relief with Acupuncture treatment. Patient hasn't had any long term symptomatic or functional improvement. Per notes dated 10/14/13, patient continues to have pain and radiation. Medication doesn't help with pain. Per notes patient has "failed conservative therapy". Patient's progress has come to a plateau. She 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:

Acupuncture; 12 visits: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

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". Per notes dated 10/14/13 Patient has "failed conservative therapy". Patient is on multiple pain medications without relief. Patient has had prior Acupuncture care without symptomatic or functional improvement. Per review of evidence and guidelines, due to lack of functional improvement with prior treatment 12 Acupuncture visits are not medically necessary.