

Case Number:	CM13-0049346		
Date Assigned:	12/27/2013	Date of Injury:	11/13/1991
Decision Date:	03/11/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	11/07/2013

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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 patient reported an injury on 11/13/1991. According to the documentation, the patient has been treated for chronic low back pain and lower extremity symptoms. Per the 10/03/2013 evaluation submitted by [REDACTED], the patient had subjective complaints to include moderate to severe low back pain with radiation into the legs. Objective findings noted painful lumbar range of motion, decreased sensation in the L4-5 dermatome distribution, a positive straight leg raise on the left, difficulty with heel to toe walk, difficulty performing a squat, 4/5 motor strength with left knee flexion and extension, slight ankle weakness and diminished reflexes over the left ankle. The patient was diagnosed with lumbar radiculopathy, and is status post 2 lumbar laminectomies performed in 1992 and again in 1994. Treatments have included multiple medications, at least 1 lumbar epidural steroid injection, and approximately 12 acupuncture sessions. The patient was most recently seen on 01/02/2014 for continued complaints of low back pain that radiates to the left posterior calf. The patient stated that after her injury in 1991, the patient slipped and fell at work and underwent a second decompression surgery in 1994. Since then she has developed progressive low back pain and left sciatica over the years. She stated her pain is present in all positions but worsens with prolonged activities or positions, and is most comfortable reclining. Her treatments have included epidural steroid injections with relief of pain up to 6 weeks, a home exercise program, physical therapy, and acupuncture. She reported that her pain at this time was 7/10 to 9/10 and denies any bowel or bladder incontinence.

IMR ISSUES, DECISIONS AND RATIONALES

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

request for 8 acupuncture sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to the California MTUS Acupuncture Medical Treatment Guidelines, acupuncture is used as an option when pain medication is reduced or not tolerated, and may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. As noted in the documentation, the patient has undergone approximately 12 sessions of acupuncture therapy. In the utilization review appeal letter dated 11/11/2013, the patient was noted to have only received 3 days of relief after her acupuncture sessions. Under the guidelines it states that acupuncture treatments may be extended if functional improvement is documented as defined in sections 9792.20 (f). In the case of this patient, she was previously partially certified for an additional 4 sessions of acupuncture therapy. However, without sufficient documentation indicating the treatments were effective in reducing the patient's pain and improving her functional improvement, additional sessions cannot be warranted. As such, the requested service is non-certified.