

Case Number:	CM13-0049931		
Date Assigned:	12/27/2013	Date of Injury:	05/09/2000
Decision Date:	03/14/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/08/2013

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 Acupuncture and Chiropractic, 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 42 year old female who reported low back, hip and right shoulder pain from injury sustained on 05/09/2000. Patient was pushing box of oranges when she noted a pop and pain in the right shoulder. On 5/18/2000, patient was standing and grading oranges when she noted pain in right hip radiating into bilateral lower extremities. Electromyography (EMG) dated 4/10/13 revealed L5-S1 radiculopathy. She was diagnosed with L5-S1 radiculopathy, status post L4-L5 fusion, chronic low back pain, right SI joint dysfunction and neck pain. Patient has been treated with extensive medication, injections and surgery (L4-L5 fusion). Per notes dated 9/24/13 patient continues to have pain, antalgic gait, limited range of motion and tenderness to palpation. Patient hasn't had any long term symptomatic or functional relief with any interventions. Patient continues to have pain and flare-ups.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight (8) Acupuncture Treatments for the Lumbar Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Per MTUS- Section 9792.24.1 Acupuncture Medical treatment Guidelines, pages 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 hasn't had prior Acupuncture treatment. Per guidelines 3-6 treatments are sufficient for initial course of Acupuncture. Additional visits may be rendered if the patient has documented objective functional improvement. MTUS- Definition 9792.20 (f) "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 guidelines and review of evidence, 8 Acupuncture visits are not medically necessary.