

Case Number:	CM13-0051600		
Date Assigned:	12/27/2013	Date of Injury:	03/27/2006
Decision Date:	03/10/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	11/14/2013

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 Chiropractic, has a subspecialty 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 patient is a 58-year-old male with a date of injury of 3/27/2006. According to the progress report dated 8/12/2013 by [REDACTED], the patient complained of low back pain. The patient noted that there was an increased in pain since last visit due to not having Valium. The patient noted that Valium helps reduce spasms, improve sleep, and anxiety. The patient increased Norco to 6 per day on some days due to increased pain from lack of sleep. Significant objective findings include positive straight leg raise on the left, pain on both sides at L3-S1, pain over lumbar intervertebral space on palpation, and pain over sacroiliac joint. There were no palpable trigger points in the muscles of the lumbar spine. The gait was antalgic and uses a cane to ambulate. Anterior lumbar flexion causes the patient pain. There was pain with lumbar extension. Motor strength was grossly normal. The patient was diagnosed with lumbar spine radiculopathy, unspecified peripheral vertigo, lumbar spine pain, sprain and strain of cruciate ligament of the knee, failed back syndrome, and backache unspecified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Acupuncture x37: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The provider has requested a retrospective request for 37 acupuncture sessions from 10/11/2012 through 09/12/2013. The guidelines recommend a trial of 3 to 6 treatments with a frequency of 1 to 3 times a week over 1 to 2 months to produce functional improvement. Acupuncture treatments may be extended if functional improvement is documented as defined in section 9792.20(f). The patient had 6 acupuncture visits dated 10/11/2012, 10/18/2012, 10/25/2012, 11/01/2012, 12/06/2012, and 12/13/2012. There was no documentation of functional improvement from the acupuncture sessions. Per the guidelines, acupuncture sessions may be extended if there is documentation of functional improvement. Based on the lack of functional improvement from the 6 acupuncture treatments, additional acupuncture sessions are not medically necessary. Therefore, the provider's retrospective request for 37 acupuncture sessions was not medically necessary at that time.