

Case Number:	CM13-0056192		
Date Assigned:	06/09/2014	Date of Injury:	10/21/2012
Decision Date:	12/04/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	10/17/2013

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 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 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:

The injured worker is a 35 year old female who reported low back pain which radiates to her legs and feet from an injury sustained on 10/21/2012. Mechanism of injury is unknown. An MRI of the lumbar spine on 02/27/13 revealed central disc protrusion and facet hypertrophy at L4-5 left greater than right; however, no central canal, lateral recess, or neural foraminal stenosis. L5-S1 shows central disc protrusion without central canal, and lateral recess or neural foraminal stenosis. Patient is diagnosed with bilateral cervical myalgia, bilateral cervical myospasm, bilateral sprain/strain cervical, bilateral lumbar myalgia, bilateral lumbar myospasm, and bilateral sprain/strain lumbar. Per notes dated 08/27/13, patient rates pain in the lower back as a 7/10. Patient states that pain radiates to her knees, feet and toes and is aggravated by lifting, bending, walking and sitting. Patient has been treated with medication, physical therapy and acupuncture. Primary treating physician requested 6 visits which were denied. Patient has had prior acupuncture treatments; however, there is no documented functional improvement. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Patient hasn't had any long term symptomatic or functional relief with acupuncture care. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 times a week for 3 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Guidelines with regard to acupuncture

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Per MTUS- Section 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". Patient has had prior acupuncture treatment. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Additional visits may be rendered if the patient has documented objective functional improvement. Per MTUS guidelines, 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 or decrease in medication intake. Per review of evidence and guidelines, additional 6 acupuncture treatments are not medically necessary.