

Case Number:	CM13-0057174		
Date Assigned:	12/30/2013	Date of Injury:	07/10/2007
Decision Date:	03/20/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	11/25/2013

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 Chiropractic and 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 52-year-old female who reported low back, neck, right shoulder, right arm pain from injury sustained on 7/10/07. On the day of injury patient was using a heavy hedge trimmer when she began having pain. MRI (magnetic resonance imaging) of the cervical spine revealed decreased disc height with posterolateral disc osteophytes. MRI of the lumbar spine revealed multi level diffuse disc degeneration. X-rays of the lumbar spine revealed scoliosis with 6 mm retrolisthesis at L1 on L2. The patient was diagnosed with post lumbar laminectomy syndrome, left sciatica and degenerative disc disease. The patient has been treated with physical therapy, medication, injection, surgery (laminectomy at L3-S1 and decompression at L4-L5) and Acupuncture. Per notes dated 8/23/14, the patient continued to have left leg pain and anterior thigh pain which radiates to the lateral calf. Per notes dated 12/09/13, "Acupuncture treatment was very helpful in decreasing pain temporarily." There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. The patient reported symptomatic improvement but there is lack of functional improvement. The patient hasn't had any long term symptomatic or functional relief with Acupuncture care. The 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:

Additional acupuncture, 12 visits of unspecified frequency QTY: 12.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Per MTUS-Acupuncture Medical treatment Guidelines, "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." The patient has had prior acupuncture treatment. There is lack of evidence that prior acupuncture care was of any functional benefit. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. 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. Per review of evidence and guidelines, 12 acupuncture treatments are not medically necessary.