

Case Number:	CM13-0057272		
Date Assigned:	12/30/2013	Date of Injury:	10/11/2011
Decision Date:	03/19/2014	UR Denial Date:	11/21/2013
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 expert reviewer is Licensed 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 58 year old injured worker who reported low back pain from injury sustained on 10/11/11. The patient was doing her regular and customary duties, while lifting a patient she sustained an injury to her low back. X-rays of the lumbar spine revealed loss of lordosis, paraspinal spasm and mild spondylosis. MRI dated 6/20/13 revealed mild annular disc bulge. Patient was diagnosed with lumbago, thoracic/ lumbosacral neuritis/ radiculitis and sacroiliac sprain/ strain. The patient has been treated with chiropractic, medication, acupuncture and trigger point injections. Patient was re-evaluated to determine if care has been beneficial and/or if further treatment is necessary. Per notes dated 12/4/13, she continues to have stabbing constant pain. Patient hasn't had any long term symptomatic or functional relief with acupuncture care. 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. 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 acupuncture sessions 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: According to the MTUS 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". Based on the medical records provided for review the patient has had prior acupuncture treatment. There is lack of evidence that prior acupuncture care was of any functional benefit. 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, eight acupuncture treatments are not medically necessary and necessary.