

Case Number:	CM13-0059693		
Date Assigned:	12/30/2013	Date of Injury:	06/28/2011
Decision Date:	03/24/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	12/02/2013

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 Care 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 48 year old male who reported low back and knee pain from injury sustained on 6/28/11. The patient fell between the trailer and the loading dock. X-ray of the lumbar spine revealed multilevel disc degeneration. MRI of the lumbar spine revealed marked degenerative spondylosis at L5-S1, slight retrolisthesis with annular bulge with 3 mm disc protrusion. MRI of the left knee revealed localized undersurface oblique tear on posterior horn of medial meniscus, mild chondromalacia patella. The patient was diagnosed with Lumbar disc displacement without myelopathy, sciatica, pain in joint lower leg and disorder sacrum. The patient has been treated with medication, physical therapy and surgery (Left knee arthroscopy). The patient hasn't had prior acupuncture care. Per notes dated 10/24/13, he continues to have pain in low back with radiation into both lower extremities, worse with prolonged walking. 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:

12 acupuncture for lower back pain: 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 California MTUS- Section 9792.24.1 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". The 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. The California 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, 12 acupuncture visits are not medically necessary.