

Case Number:	CM13-0060267		
Date Assigned:	12/30/2013	Date of Injury:	06/02/2002
Decision Date:	06/04/2014	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	12/03/2013

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 Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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 patient is a 42 year old male whose date of injury is 06/02/2002. The patient was moving a heavy bag onto a shuttle bus and felt sharp pain. The patient underwent L4-5 and L5-S1 laminectomy, discectomy and anterior interbody fusion with instrumentation on 03/26/03. New patient evaluation dated 09/26/13 indicates that the patient was noted to have MRSA in 2006 and underwent hardware removal followed by medication management and epidural steroid injections. He continues with low back pain and tightness. The patient underwent acupuncture on 10/09/13, 10/16/13, 10/23/13, 10/30/13, 11/06/13 and 11/13/13. Follow up note dated 11/11/13 indicates that he has not used IR morphine since starting the acupuncture. On physical examination pain is rated as 2/10. Lumbar range of motion is full flexion, 15 degrees extension, full bilateral lateral rotation. Strength is 5/5 in the lower extremities. Sensation deficit is noted in the left L5 and S1 distribution. Straight leg raising is negative bilaterally.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six Additional Acupuncture Visits, Once a week for six weeks, Lower Back: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Based on the clinical information provided, the request for six additional acupuncture visits, once a week for six weeks, lower back is not recommended as medically necessary. The patient underwent six sessions of acupuncture; however, there are no objective measures of improvement documented. The patient's post-treatment physical examination is largely unchanged from pre-treatment physical examination. There are no specific, time-limited treatment goals provided. CA MTUS guidelines support ongoing acupuncture only with evidence of functional improvement. The request is not medically necessary and appropriate.