

Case Number:	CM13-0061481		
Date Assigned:	12/30/2013	Date of Injury:	09/14/2009
Decision Date:	03/26/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	12/05/2013

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 62 year old male who reported low back pain from injury sustained on 9/14/09. The patient was lifting a compactor when he developed low back pain. MRI of lumbar spine revealed 8mm posterior bulge at L3-L4; at L4-5 a large central protrusion causing central canal stenosis. EDT revealed bilateral L5 radiculopathy. The patient was diagnosed with lumbar disc displacement and lumbar spinal stenosis. The patient has been treated with physical therapy, medication, epidural injections, surgery (bilateral microdiscectomy at L4-5; revision of right sided L4-5 laminectomy with reconstruction of annular defect at L4-5 disc) and acupuncture. The patient was re-evaluated after 6 acupuncture visits to determine if care has been beneficial and/or if further treatment is necessary. The patient reported symptomatic improvement for the first 6 visits but lack of functional improvement. Per acupuncture progress notes dated 9/6/13, "he states that his pain is up and down over the past week but generally improving". Per acupuncture notes dated 10/11/13, final acupuncture visit notes stated that the patient has overall decrease in pain, decrease in severity, shorter duration, less frequency of radiation. Per notes dated 11/6/13 patient continues to have intermittent low back pain, has not improved since last visit". The patient hasn't had any long term symptomatic or functional relief with acupuncture care. The patient continues to have pain and flare-ups. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. She still remains symptomatic and out of work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture: Upheld

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

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". Patient has had prior acupuncture treatment. There is lack of evidence that prior acupuncture care was of any functional benefit. Per medical records provided, "patient continues to have intermittent low back pain, has not improved since last visit". The patient hasn't had any long term symptomatic or functional relief with acupuncture care. The patient continues to have pain and flare-ups. There is no assessment in the provided additional visits may be rendered if the patient has documented objective functional improvement. Per California 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, 6 acupuncture treatments are not medically necessary.