

Case Number:	CM13-0062993		
Date Assigned:	01/17/2014	Date of Injury:	07/30/2012
Decision Date:	04/09/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	12/09/2013

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 Medicine 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 51 year old female who reported low back pain from injury sustained on 7/30/12. There were no diagnostic imaging reports included in the medical records. Patient was diagnosed with lumbosacral disc degeneration. Patient has been treated with medication, physical therapy and acupuncture. Per acupuncture progress notes dated 4/16/13, "there has been a significant reduction of her low back pain during and after treatment; after 6 treatments pain was reduced by 80% and range of motion increased by 90%. Per notes dated 5/1/13, patient states that she gets temporary relief with acupuncture; pain level is 5-6/10 across the back. Per notes dated 10/24/13, patient stats the pain reoccurred 2 days ago; pain is 8-9/10 in a typical day; patient complaints of back pain with radiation to the tailbone; decreased range of motion and tenderness at thoracolumbar junction. Per patients appeal letter, she responds well to acupuncture and finds relief where she can continue to work. Patient had a recent exacerbation and treating physician is requesting 6 acupuncture treatments which is reasonable and within guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for Acupuncture 6 visits Thoracic/Lumbar: Overturned

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: MTUS 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". In this case, the patient has had prior acupuncture treatment. Per acupuncture progress notes, after 6 acupuncture session her pain decreased by 80% and range of motion increased by 90%. She responds well to acupuncture. She had exacerbation recently and as a result has increased low back pain. Additional visits may be rendered if the patient has documented objective functional improvement. 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, 6 acupuncture treatments are medically necessary.