

Case Number:	CM13-0063054		
Date Assigned:	12/30/2013	Date of Injury:	01/17/1996
Decision Date:	05/09/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/09/2013

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 & 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:

This is a 45-year-old female with a date of injury, 01/17/1996; the mechanism of injury was not provided. On 11/14/2013, the injured worker presented with complaints of neck, mid and low back pain. It was reported that the overall combination of medications remained effective allowing the injured worker to function with ADLs and activities without side effects. The injured worker reported overall weight loss and continued increasing energy which allowed the injured worker to perform more activities. Upon physical exam, the cervical spine was tender and stiff, palpable twitch was positive, and trigger points were noted in the muscles of the head and neck bilaterally. Anterior flexion was full on the right and there was pain noted with neck flexion anteriorly. Extension of the cervical spine was noted to be full at 75 degrees with pain noted with extension of the cervical spine. Exam of thoracic spine revealed diffuse tenderness at the thoracic paraspinal muscles with no facet joint line tenderness. There was palpable twitch and positive trigger points noted to the thoracic paraspinal muscles. The injured worker had a normal straight leg raise on the right at 90 degrees and 90 degrees on the left. There was palpable lumbar facet pain on both sides at L3-S1, palpable twitch, and positive trigger points to the lumbar paraspinal muscles. Anterior flexion of lumbar spine was noted at 60 degrees with pain, and extension of the lumbar spine was 20 degrees with pain. A urine drug screen was consistent with prescribed medication regimen. The injured worker had a diagnosis of chronic low back pain with post laminectomy syndrome. A request for authorization was submitted on 11/19/2013 with clinical information included and request for initial acupuncture 1 x 8.

IMR ISSUES, DECISIONS AND RATIONALES

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

INITIAL ACUPUNCTURE ONE TIMES EIGHT: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-300, Acupuncture Treatment Guidelines.

Decision rationale: The CA MTUS Guidelines note acupuncture has not been found to be effective in the management of back pain, based on several high quality studies. Acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. It is the insertion and removal of filiform needles to stimulate acupoints (acupuncture points). Needles may be inserted, manipulated, and retained for a period of time. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. The guidelines recommend 3 to 6 treatments in order to demonstrate the efficacy of the therapy with an optimum duration of 1 to 2 months at a frequency of 1 to 3 times per week. The request for initial acupuncture 1 times 8 is non-certified. The injured worker presented with chronic low back pain and post laminectomy syndrome which have been maintained on a combination of relatively high doses of opioid analgesics and non-opioid analgesics. The injured worker reportedly has significant relief from medications without distressing side effects. Guidelines recommend for use when decreasing or not tolerating medications. The injured worker reportedly has been able to manage and control pain with medication management. Furthermore, the specific area to receive treatment was not identified in request. Therefore, the request is non-certified.