

Case Number:	CM13-0064295		
Date Assigned:	01/03/2014	Date of Injury:	05/27/2006
Decision Date:	10/23/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/11/2013

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 licensed in Acupuncture and Chiropractic Care 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 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 injured worker is a 58 year old male who reported low back pain from injury sustained on 05/27/06, while lifting trash bags. There were no diagnostic imaging reports. Patient is diagnosed with lumbago, lumbar radiculopathy, status post right inguinal hernia, status post lumbar fusion. Patient has been treated with surgery, medication, physical therapy and chiropractic. Per medical notes dated 09/16/13, patient complains of low back pain which is rated at 7-8/10. Pain is described as constant and moderate. It is associated with numbness and tingling of the bilateral lower extremity. Pain is aggravated by prolonged positioning including sitting, standing, walking, and bending. Examination revealed decreased lumbar spine range of motion. Per medical notes dated 11/06/13, patient complains of low back pain rated at 5-7/10, constant and moderate with numbness and tingling of the bilateral lower extremity. Patient states that the symptoms persist but the medications do offer him temporary relief of pain and improves his ability to have restful sleep. Provider requested acupuncture on 11/6/13; however, the number of visits, frequency and the goals of treatment were not documented. It is unclear if the patient has had prior acupuncture treatment or if the request is for initial trial of care.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE TO LUMBAR SPINE: 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 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". It is unclear if the patient has had prior acupuncture treatment or if the request is for initial trial of care. Provider requested acupuncture on 11/6/13; however, the number of visits, frequency and the goals of treatment were not documented. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment (if any visits previously administered). 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 or decrease in medication intake. Per review of evidence and guidelines, acupuncture treatments are not medically necessary.