

Case Number:	CM13-0067079		
Date Assigned:	01/31/2014	Date of Injury:	03/28/2012
Decision Date:	05/26/2014	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	12/17/2013

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 Chiropractic 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 reported low back pain from injury sustained on 3/28/12 after lifting a heavy water pipe. MRI of the lumbar spine revealed L4-5 disc protrusion with annular tear and L5-S1 disc protrusion. Patient was diagnosed with displacement of lumbar intervertebral disc without myelopathy; lumbar disc protrusion and lumbar facer dysfunction. Patient has been treated with medication; epidural injection; physical therapy. Per doctors first report, patient complained of low back pain of varying intensity; lumbar motion painful and limited. Primary care is recommending initial course of 12 acupuncture visits. Per notes dated 06/10/13, patient complained of continued low back pain. Pain is exacerbated by sitting for any length of time. Overall his pain is unchanged since last visit. Patient hasn't had any long term symptomatic or functional relief with previous care. Patient continues to have pain and is working fulltime with modified duty.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 ACUPUNCTURE SESSIONS FOR THE LUMBAR SPINE, 2 TIMES PER WEEK FOR 6 WEEKS: Upheld

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

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". Patient hasn't had prior Acupuncture treatment. Per guidelines 3-6 treatments are sufficient for initial course of Acupuncture. Additional visits may be rendered if the patient has documented objective functional improvement. MTUS- Definition 9792.20 (f) "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 guidelines and review of evidence, 12 Acupuncture sessions for the lumbar spine are not medically necessary.