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| Case Number: | CM13-0069111 | | |
| Date Assigned: | 01/03/2014 | Date of Injury: | 01/29/2013 |
| Decision Date: | 06/04/2014 | UR Denial Date: | 12/05/2013 |
| Priority: | Standard | Application Received: | 12/20/2013 |

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, has a subspecialty in 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 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 35 year old male who reported low back pain from injury sustained on 1/29/13 while he was reaching. X-rays of the lumbar spine showed moderate degenerative disc disease at L5-S1. MRI of the lumbar spine revealed herniated nucleus pulposus at L3-S1; nerve root impingement that is severe at L4-S1 bilaterally and facet hypertrophy. Patient was diagnosed with L4-S1 herniated nucleus pulposus and right greater than left lower extremity radiculopathy. Patient was treated with medication, physical therapy and epidural injections. Per notes dated 07/13/13, patient had severe low back pain and he rated this at 8/10. Per notes dated 11/5/13, patient still has low back pain. Patient had 2 epidural shots of which the first one helped but the other did not. He would like to try acupuncture and chiropractic. Primary treating physician is requesting initial course of 12 acupuncture sessions which exceeds the recommended quantity per guidelines. There is no assessment in the provided medical records of functional efficacy with prior care.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE 2XWK X 6WKS LOWER BACK: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Per Acupuncture Medical Treatment Guidelines- Section 9792.24.1 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. Requested visits exceed the quantity of initial acupuncture visits supported by the cited guidelines. Additional visits may be rendered if the patient has documented objective functional improvement. Acupuncture Medical Treatment Guidelines- 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 visits are not medically necessary.