

Case Number:	CM13-0072008		
Date Assigned:	01/08/2014	Date of Injury:	12/01/2010
Decision Date:	04/07/2014	UR Denial Date:	12/24/2013
Priority:	Standard	Application Received:	12/30/2013

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 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 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 female worker reported low back pain from injury sustained on 12/1/10. Mechanism of injury is unknown. The patient was diagnosed with thoracolumbar sprain/strain; lumbar laminectomy and disectomy. The patient was treated with medication, chiropractic and acupuncture. The patient was re-evaluated after 8 visits to determine if care has been beneficial and/or if further treatment is necessary. Acupuncture progress notes were not included in the medical records. According to the notes dated 12/17/13, acupuncture helps with pain. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. According to utilization review, medical records reported that the patient was permanent and stationary but presents in follow-up with a flare up. The records indicate that the patient hasn't had any long term symptomatic or functional relief with acupuncture care as she continues to be symptomatic.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE 3 TIMES A WEEK FOR 4 WEEK: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to the 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". The employee has had prior acupuncture treatment. There is lack of evidence that prior acupuncture care was of any functional benefit. Additional visits may be rendered if the patient has documented objective functional improvement. According to the 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. According to the review of evidence and guidelines, 3x4 acupuncture treatments are not medically necessary.