

Case Number:	CM14-0007288		
Date Assigned:	02/10/2014	Date of Injury:	07/06/2010
Decision Date:	06/23/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	01/20/2014

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 Chiropractic Services 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 patient is a 39-year-old male, [REDACTED]. He experienced a work-related injury to his lower back on 07/06/2010 when he was in a compacting hole, and the dirt on one side collapsed and caused him to fall backwards, and he struck his back on a pipe. The patient has treated numerous services including surgery, orthopedic care, chiropractic, physical therapy, medications, and acupuncture. A left L5-S1 Laminotomy and Discectomy were performed on 03/11/2011. On 11/08/2012 the patient was seen in medical follow-up relative to diagnoses of 724.4 (lumbosacral radiculopathy), 782.0 (paresthesia of lower limb), 722.10 (displacement of lumbar intervertebral disc without myelopathy), and V 45.89 (history or lumbosacral spine surgery). Lumbar spine x-rays of 03/08/2013 revealed postoperative findings L5-S-1 with disk spacer in-place, L3-4 degenerative disc disease, and focal spondylosis. The orthopedic note of 03/14/2013 reports the patient continued with ongoing low back and left lower extremity complaints, he was approximately 7 months post-fusion surgery at L5-S1, and he had completed 12 visits of chiropractic treatment and 8 visits to physical therapy with some relief. The patient underwent electrodiagnostic studies on 04/10/2013 with the impression noted as normal study. The lumbar spine MRI of 08/20/2013 revealed degenerative disc disease and facet arthropathy, neural foraminal narrowing, and L5-S1 postoperative change with left paracentral osseous ridging narrowing the left lateral recess. The orthopedic note of 10/08/2013 reports physical therapy had been authorized 2 times per week for 4 weeks, and acupuncture was requested 2 times per week for 4 weeks for pain control. Relative to the procedure in question, acupuncture, the patient's 6th acupuncture treatment session occurred on 08/29/2013, with the patient reporting the chief complaint as low back pain and the patient was reported, "same." On the patient's 10th acupuncture treatment session, 01/02/2014, complaints remained low back pain, and the patient was reported, "same." The 11th acupuncture treatment session occurred on

01/03/2014 with the patient remaining, "same." On 12/16/2013, there is a request for additional acupuncture treatment sessions. The patient was determined permanent and stationary on 01/03/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL ACUPUNCTURE TREATMENTS TO THE LUMBAR SPINE 2 TIMES PER WEEK FOR 4 WEEKS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The request for additional acupuncture treatments to the lumbar spine at a frequency of 2 times per week for 4 weeks is not supported by CA MTUS Acupuncture Medical Treatment Guidelines to be medically necessary. CA MTUS Acupuncture Medical Treatment Guidelines allow a 3-6 visit treatment trial to produce functional improvement, and treatment may be extended if functional improvement is documented with the 3-6 visit treatment trial. This patient has already treated with acupuncture without evidence of functional improvement. The patient's 6th acupuncture treatment session occurred on 08/29/2013, and the patient was reported, "same." On the patient's 10th, 01/02/2014, and 11th, 01/03/2014, acupuncture treatment sessions, he was reported, "same." Acupuncture records do not provide evidence of functional improvement with care rendered during a 3-6 visit treatment trial already completed prior to the most recent request for additional care; therefore, additional acupuncture treatment sessions are not supported to be medically necessary. Additionally; the Acupuncture Medical Treatment Guidelines report 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. There is no documentation the patient was reducing medication or medication was not tolerated, and there is no documentation acupuncture was to be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery; therefore, the requested acupuncture treatment sessions are not supported to be medically necessary.