

Case Number:	CM14-0007847		
Date Assigned:	02/10/2014	Date of Injury:	12/16/2012
Decision Date:	06/24/2014	UR Denial Date:	01/15/2014
Priority:	Standard	Application Received:	01/21/2014

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 Board Certified in Chiropractic Medicine 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 worker is a 45 year old male who reported low back pain from injury sustained on 12/16/12 while doing his regular and customary duties. He was pushing and pulling quartz slabs all day when he experienced pain in the low back and into the left leg. MRI of the lumbar spine revealed L5-S1 left paracentral protrusion resulting in marked stenosis of left lateral recess and neuroforamen with left S1 nerve root compression. Patient was diagnosed with low back pain with left sided radicular pain and lumbar disc degeneration. Patient was treated with medication, physical therapy and acupuncture. Per notes dated 10/2/13, patient complains of having pain and wants to pursue acupuncture. Pain is rated at 5/10 and has tenderness along the L5 level on the left. Primary treating physician requested 6 acupuncture sessions which were authorized. Per notes dated 1/7/14, patient's overall condition is same. Pain is rated at 6/10. He continues to have low back pain extending down the left leg. Pain is overall constant at a mild level, but can increase. Primary treating physician is requesting additional 6 acupuncture sessions which were denied due to lack of functional improvement. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Patient hasn't had any long term symptomatic or functional relief with acupuncture care. 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.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE W/STIMU 15 MIN: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACUPUNCTURE TREATMENT GUIDELINES, ,

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACUPUNCTURE MEDICAL TREATMENT GUIDELINES, ,

Decision rationale: According to the MTUS Guidelines, Section on 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". In this case, the patient has had prior acupuncture treatment. There is lack of evidence that prior acupuncture care was of any functional benefit. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Per notes dated 1/7/14, "patient's overall condition is same". 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. Per review of evidence and guidelines, additional acupuncture treatments are not medically necessary.