

Case Number:	CM14-0008511		
Date Assigned:	02/12/2014	Date of Injury:	06/14/2010
Decision Date:	06/24/2014	UR Denial Date:	12/27/2013
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 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 58-year-old male who reported low back pain from injury sustained on 6/14/10 after ascending a flight of stairs. MRI (magnetic resonance imaging) of the lumbar spine revealed moderate disc protrusion at L5-S1 compressing right proximal S1 nerve and mild disc protrusion at L4-5. The patient was diagnosed with thoracic spine sprain/strain; lumbar spine sprain/strain; gluteal strain and L5-S1 herniation. Per handwritten notes which were mostly illegible dated, patient had a recent flare-up with constant pain of 8/10 for 2 weeks. Primary care would like 6 acupuncture sessions to resolve flare-up. It is unclear if the request is for initial round of acupuncture or additional sessions. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. The patient has not had any long term symptomatic or functional relief with acupuncture care as he continues to have pain rated 8/10. 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 SIX (6) SESSIONS, TWICE PER A WEEK FOR THREE WEEKS (THORACIC/LUMBAR SPINE): Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Per MTUS Acupuncture Medical treatment Guidelines, "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." It is unclear if the patient has had prior acupuncture treatment or if the request is for initial trial. Acupuncture is used as an option when pain medication is reduced or not tolerated which was also not documented. Furthermore 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. 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 the evidence and MTUS guidelines, the request is not medically necessary.