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| Case Number: | CM14-0100919 | | |
| Date Assigned: | 07/30/2014 | Date of Injury: | 02/03/2012 |
| Decision Date: | 09/11/2014 | UR Denial Date: | 06/18/2014 |
| Priority: | Standard | Application Received: | 07/01/2014 |

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, 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 51 year old female who reported mid back, low back and upper extremity pain from injury sustained on 02/03/12. The MRI of the lumbar spine revealed multilevel degenerative disc disease with mild spondylotic changes and mild scoliosis and arthritis of L5-S1 facets. The injured worker's diagnoses include lumbar strain, thoracic strain, lumbar/ thoracic disc syndrome and left hip bursitis. The injured worker has been treated with medication, physical therapy, chiropractic, epidural injection and acupuncture. Per medical notes dated 03/06/14, the injured worker complains of low back pain with left lower extremity radiation into left ankle. She attends acupuncture which was noted to not be helpful. Per medical notes dated 06/05/14, the injured worker complains of thoracic, lumbar spine, and left arm pain that radiated from low back to left lower extremity. She further reports depression and anxiety. The injured worker has been taking Norco on a regular basis which seems to help however, causes stomach upset. The provider is requesting 8 acupuncture treatments; however, there is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. The injured worker hasn't had any long term symptomatic or functional relief with acupuncture care. Medical reports reveal little evidence of significant changes or improvement in findings.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for the thoracic and lumbo-sacral spine, two (2) times weekly for four (4) weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Acupuncture 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 is between 3-6 treatments for 1-3 times per week for an optimum duration of 1-2 months. Acupuncture treatments may be extended if functional improvement is documented. The injured worker has had prior acupuncture treatment and per the medical notes dated 03/06/14, the treatment did not help. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Medical reports reveal little evidence of significant changes or improvement in findings. Additional visits may be rendered if the injured worker 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 or decrease in medication intake. Per review of evidence and guidelines, additional 8 acupuncture treatments are not medically necessary.