

Case Number:	CM14-0101948		
Date Assigned:	07/30/2014	Date of Injury:	01/26/2013
Decision Date:	10/14/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	07/02/2014

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 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 37 year old female who reported low back pain from injury sustained on 01/26/13, while she was lifting a case off the bottom of flatbed when she felt sharp pain. MRI of the lumbar spine revealed L4-5 and L5-S1 broad disc protrusion. Electrodiagnostic studies revealed mild irritative potentials in lumbar spine paraspinal muscles bilaterally, but there was not denervation in any extremity muscles tested. Patient is diagnosed with facet arthropathy and lumbar radicular syndrome. Per medical notes dated 02/10/14, patient complains of low back pain. Examination revealed spasm and limited range of motion with pain. Per medical notes dated 05/28/14, patient complains of low back pain. Provider is requesting 2X6 acupuncture treatments. It is unclear if the patient has had prior acupuncture or if the request is for initial trial of care.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2x/wk x 6wks lumbar spine (12): Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: "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 of care. Per guidelines 3-6 treatments are supported for initial course of Acupuncture with evidence of functional improvement prior to consideration of additional care. Requested visits exceed the quantity of initial acupuncture visits supported by the cited guidelines. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment (if any previously administered). Additional visits may be rendered if the patient has documented objective functional improvement. MTUS- Definition 9792.20 (f) 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 guidelines and review of evidence, 12 Acupuncture visits are not medically necessary.