

Case Number:	CM14-0106098		
Date Assigned:	07/30/2014	Date of Injury:	09/01/2009
Decision Date:	10/01/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	07/09/2014

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 a Licensed 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 39 year old male who reported low back pain from injury sustained on 09/01/09. Patient was injured while going upstairs, slipping, missing the last few steps, landing awkwardly and twisting his low back. There were no diagnostic imaging reports. Patient is diagnosed with status post L5-S1 arthrodesis (03/21/13 and 03/22/13) and lumbar disc displacement. Patient has been treated with medication, surgery, physical therapy and chiropractic. Per medical notes dated 02/25/14, patient complains of intermittent lower back spasms and dull pain predominantly on the left. He rated his pain 4-5/10. He has intermittent numbness and tingling in the dorsolateral thigh and calf which has improved since surgery but occurs sporadically and increases with driving long distances. Per medical notes dated 05/29/14, patient complains of low back pain rated at 5/10 with intermittent numbness and tingling down the left leg. He describes his low back pain as a muscular spasm type pain. He denies any radiating leg pain or lower extremity weakness. Primary treating physician is requesting initial trial of 8 acupuncture treatments which exceed the quantity recommended by cited guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture once a week for 8 weeks for the Lumbar Spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to the 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". In this case, the injured worker has not had prior Acupuncture treatment. Per guidelines 3-6 treatments are supported for initial course of Acupuncture with evidence of functional improvement prior to consideration of additional care. The requested visits exceed the quantity of initial acupuncture visits supported by the cited guidelines. 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, eight Acupuncture visits for the lumbar spine are not medically necessary.