

Case Number:	CM14-0106249		
Date Assigned:	07/30/2014	Date of Injury:	01/15/2000
Decision Date:	08/29/2014	UR Denial Date:	06/04/2014
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 Licensed 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 52-year-old male who reported neck, upper back, mid back, low back, left shoulder, left hip, left knee, left ankle, left foot pain from injury sustained on 01/15/00 due to a slip and fall. Magnetic resonance imaging (MRI) of the lumbar spine revealed L2-3 facet arthritis and moderate foraminal stenosis; L3-4 facet degeneration and minimal central stenosis; L4-5 and L5-S1 prior discectomy and fusion. Patient is diagnosed with degenerative disc disease of lumbar spine, spasm of muscle, cervical pain, shoulder pain and lumbar radiculopathy. Patient has been treated with lumbar fusion (2002); spinal cord stimulator; physical therapy; medication; epidural injection and trigger point injection. Per medication notes, patient complains of chronic progressive pain in his neck, upper back, mid back, low back, left shoulder, left hip, left knee, left ankle and left foot with associated symptoms including headaches. Pain radiates to both upper and lower extremity. Pain is rated at 8-9/10 and 6/10 at its best. Per medical notes dated 06/05/14, patient complains of neck, upper back, mid back, low back, left shoulder, left hip, left knee, left ankle, left foot pain. Pain with medication is 6/10 and pain without medication is 10/10. Quality of sleep is poor. Provider is requesting a course of 12 acupuncture sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Acupuncture for 12 sessions for the 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- Section 9792.24.1 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. Patient 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. 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, 12 acupuncture visits are not medically necessary.