

Case Number:	CM14-0107594		
Date Assigned:	08/01/2014	Date of Injury:	02/18/2014
Decision Date:	09/09/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	07/10/2014

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 51 year old male who reported neck and low back pain from injury sustained on 02/18/14 due to cumulative trauma. MRI of the lumbar spine revealed L4-5 moderate loss of disc height and disc desiccation with 2mm central protrusion; partial disc desiccation at L2-3 and 1mm disc bulge at L5-S1. The patient is diagnosed with lumbar sprain/strain; lumbar disc disorder; bilateral lumbar facet syndrome and radicular complaints of the lower extremity. Per medical notes dated on 03/10/14 and 03/20/14 the patient feels the pattern of symptoms is no better and about the same. The pain he has been feeling is mainly central without neurologic symptoms. Per the medical notes dated 04/10/14 patient reports low back pain across his back and going down his left leg, He also reports numbness of left leg intermittently. His pain is rated at 8/10 and it is aggravated with prolonged sitting and standing. He has not reported any improvements and per the medical notes dated 05/30/14, the patient complains of low back pain rated at 9/10 and the pain is characterized as aching, dull and sharp. The patient states medications are helping. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits and the 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.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Additional Acupuncture Treatments for the Lumbar Spine, 1 x week for 8 weeks as an outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Per the 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. The patient has had prior acupuncture treatment. The provider is recommending additional 8 acupuncture treatments. 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, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Additional visits may be rendered if the patient has documented objective functional improvement. Per the 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, 8 acupuncture treatments are not medically necessary.