

Case Number:	CM14-0108419		
Date Assigned:	08/01/2014	Date of Injury:	02/21/2012
Decision Date:	08/29/2014	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	07/11/2014

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 45-year-old male who reported low back pain from injury sustained on 02/21/12 due to an altercation with a suspect. X-rays of the lumbar spine revealed degenerative changes and possible L5 spondylolysis. Magnetic resonance imaging (MRI) of the lumbar spine revealed early spondylotic changes at L4-5 and L5-S1 and very mild foraminal narrowing. Patient is diagnosed with lumbar sprain, left lower extremity radiculopathy, possible internal disc disruption and possible pars defect with non-displaced segment. Patient has been treated with medication, epidural injection, physical therapy, chiropractic and extensive acupuncture. Per medical notes dated 03/13/14, patient complains of ongoing low back pain with left sided buttock and lower thoracic paravertebral muscle tightness. Pain ranges from 3-7/10. He has had acupuncture in the past and it has been helpful. Per medical notes dated 06/12/14, overall the patient has made excellent progress with his back injury. He is back to regular duty. He does have low back pain with tightness and spasm. Pain is rated at 2-6/10 depending on activity. Per medical note dated 06/12/14, he has found acupuncture substantially helpful with reducing pain levels from 7/10 to 2/10; reducing Vicodin use from 1-2 per day down to 1-2 per week and Ibuprofen decreasing from 2-4/10 to 4-5 per week as well as his activities of daily living (ADLs). There is no evidence that this patient exhibits significant functional loss and is unable to perform an independent, self-directed, home exercise program, rather than the continuation of skilled intervention.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Sessions of acupuncture for the low back: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back- Lumbar & Thoracic (Acute & Chronic), Acupuncture.

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 had prior acupuncture treatment. Per medical notes, the patient has had about 60 acupuncture sessions since his injury. Per medical note dated 06/12/14, he has found acupuncture substantially helpful with reducing pain levels from 7/10 to 2/10; reducing Vicodin use from 1-2 per day down to 1-2 per week and ibuprofen decreasing from 2-4/10 to 4-5 per week as well as his activities of daily living (ADLs). Patient has had extensive acupuncture treatments. He continues to have pain rated at 2-6/10 depending on activity. Patient does have improvement with acupuncture however; it is not sustained without treatment. Maintenance care is not supported by cited guidelines. There is no evidence that this patient exhibits significant functional loss and is unable to perform an independent, self-directed, home exercise program, rather than the continuation of skilled intervention. Patient is working full time. Requested visits exceed the quantity of acupuncture visits supported by the cited guidelines. Per review of evidence and guidelines, additional 6 acupuncture treatments are not medically necessary.