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| Case Number: | CM14-0010082 | | |
| Date Assigned: | 02/21/2014 | Date of Injury: | 03/20/2013 |
| Decision Date: | 06/25/2014 | UR Denial Date: | 12/30/2013 |
| Priority: | Standard | Application Received: | 01/23/2014 |

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 low back pain from injury sustained on 3/20/13 after he was picking up a heavy box from the floor. X-rays of the lumbar spine revealed spondylolysis at L5-S1 with grade 1-2 spondylolisthesis. MRI of the lumbar spine revealed L5-S1 severe stenosis with spondylolysis and grade 1-2 spondylolisthesis; severe degenerative disc disease and facet arthropathy resulting in severe stenosis on right side and moderate stenosis on left side of foramina. MRI of the thoracic spine revealed multilevel degenerative disc disease with facet arthropathy with moderate kyphosis T7-8. He was diagnosed with low back pain with radiculopathy. The patient has been treated with medication, physical therapy, epidural injection, chiropractic and acupuncture. Per notes dated 10/1/13, patient presents with constant, sharp, dull, stabbing, burning and aching pain in the low back which radiates to bilateral lower extremity rated at 9/10. Pain is associated with numbness sensation. Medication and rest helps relieve pain and is worse with sitting, standing and repetitive bending. Per notes dated 12/10/13, patient presents with low back pain with decreased range of motion. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. The patient hasn't had any long term symptomatic or functional relief with acupuncture care. Furthermore, requested visits exceed the quantity of acupuncture visits supported by the cited guidelines. Additional visits may be rendered if the patient has documented objective functional improvement or decreased medication intake.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Per California 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". The patient has had prior acupuncture treatment. There is lack of evidence that prior acupuncture care was of any functional benefit. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Furthermore, requested visits exceed the quantity of acupuncture visits supported by the cited guidelines. Additional visits may be rendered if the patient has documented objective functional improvement or decreased medication intake. Per California MTUS 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. Per review of evidence and guidelines, 2x6 acupuncture treatments are not medically necessary.