

Case Number:	CM14-0010259		
Date Assigned:	02/21/2014	Date of Injury:	07/22/2013
Decision Date:	07/21/2014	UR Denial Date:	01/13/2014
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 32-year-old male who reported low back pain from an injury sustained on 07/22/13. While lifting a car tire weighing 30 pounds, he felt a sharp pain in his low back. MRI of the lumbar spine and left hip is unremarkable. Patient is diagnosed with thoracic spine sprain/strain; lumbar spine sprain/strain; lumbar radiculopathy; left hip and pelvis pain; myalgia and myositis. Patient has been treated with medication. Per notes dated 12/12/13, patient complains of frequent pain in the low back that is described as dull and achy with emphasis to the left side. The pain traveled to the hip, thigh and leg. Pain is rated at 7/10. Patient also complains of tingling, as well as having difficulty sleeping and rising from lying to sitting position. Per notes dated 01/15/14, patient complains of low back, left hip and thigh pain with weakness as a result of work. Primary treating physician requested 12 visits of initial course of acupuncture treatment which was modified to 6 visits by the utilization reviewer.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE 2 X PER WEEK X 6 WEEKS TO THE LOW BACK: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Per MTUS 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 functional improvement: 3-6 treatments ... Frequency: 1-3 times per week ... 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 sufficient for an initial course of Acupuncture. Primary treating physician is requesting 12 sessions of initial acupuncture treatment; this was modified to 6 sessions by the utilization reviewer. The requested number of visits exceeds the quantity of initial acupuncture visits recommended by the cited guidelines. Guidelines indicate additional visits may be rendered once the patient has documented objective functional improvement from the initial course. MTUS defines functional improvement as 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 (2 x 6) are not medically necessary.