

Case Number:	CM14-0016639		
Date Assigned:	04/11/2014	Date of Injury:	02/06/2006
Decision Date:	05/28/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/10/2014

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 Board Certified 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 57 year old female who reported low back pain from injury sustained on 02/06/06. There were no diagnostic imaging reports. Patient was diagnosed with lumbar disc disease; left sciatic neuropathy and depressive symptoms. Patient has been treated with medication, physical therapy, chiropractic and acupuncture. Primary care is recommending additional 6 acupuncture sessions. Per notes dated 08/01/13, patient complaints of persistent low back pain, but acupuncture helped relieved the symptoms. Per notes dated 01/23/14, patient complains of low back pain which is persistent; pain is rated at 7/10. Range of motion is limited and she presents with weakness of lower extremity. Acupuncture progress notes were not included in the medical records for review. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Patient hasn't had any long term symptomatic or functional relief with acupuncture care. Patient continues to have pain and flare-ups.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE 6 SESSIONS FOR THE LUMBAR SPINE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Per the Acupuncture Medical Treatment Guidelines, acupuncture may be used as an option when pain medication is reduced and not tolerated. It may also be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The time to produce function improvement is 3-6 treatments, but treatment may be extended if functional improvement is documented. The patient has had prior acupuncture treatment. There is a lack of evidence in the medical records provided for review that prior acupuncture care was of any functional benefit. Per the 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, six acupuncture treatments are not medically necessary.