

Case Number:	CM14-0111730		
Date Assigned:	08/01/2014	Date of Injury:	08/29/2013
Decision Date:	09/09/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/17/2014

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 29 year old female who reported neck, mid back and low back pain from injury sustained on 08/29/13 due to repetitive stress of working as a massage therapist. MRI of the cervical spine revealed mild degeneration from C4 to C7. MRI of the thoracic spine was unremarkable. MRI of the lumbar spine revealed 2mm disc protrusion at L5-S1 without neural compression and minimal facet changes without stenosis. EMG/NCS studies were unremarkable. Patient is diagnosed with cervical strain, thoracic strain and lumbar spine strain; cervical degenerative disc disease. Patient has been treated with medication, therapy and acupuncture. Per medical notes dated 04/29/14, patient has no further numbness and tingling in her lower extremity since acupuncture. She continues to experience lingering back pain and muscle spasm on average 3-4 times per week. The pain is exacerbated by the duties at work. Per medical notes dated 05/02/14, patient complains of pain and stiffness in the lumbar spine which is unchanged. Range of motion is guarded due to pain. Per medical notes dated 06/13/14, patient reports unchanged low back pain and spasm. She has difficulty with lifting, pushing, pulling and bending, prolonged sitting and standing. Primary treating physician is requesting additional 6 acupuncture treatments. 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. 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.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture treatment to the lumbar spine for 6 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Per MTUS- Section 9792.24.1 Acupuncture Medical treatment Guidelines pages 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 dated 04/29/14, patient has no further numbness and tingling in her lower legs since acupuncture; she continues to experience lingering back pain and muscle spasms. Per medical notes dated 06/13/14, patient reports low back pain is unchanged. 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. 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 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 or decrease in medication intake. Per review of evidence and guidelines, additional 6 acupuncture treatments for the lumbar spine are not medically necessary.