

Case Number:	CM14-0112020		
Date Assigned:	08/01/2014	Date of Injury:	08/04/2009
Decision Date:	10/03/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/18/2014

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 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 37 year old male who reported low back pain from injury sustained on 08/04/09. Mechanism of injury was not documented in the provided medical records. MRI of the lumbar spine dated 09/30/09 revealed disc desiccation at L5-S1 and central left paracentral disc herniation at L5-S1. The patient is diagnosed with low back pain with radiating symptoms to left posterior leg and right knee pain. The patient has been treated with medication, therapy, acupuncture and injection. Per medical notes dated 04/03/14, patient complains of persistent low back pain and right knee pain. Pain is rated at 7/10 without medication and 3/10 with medication. Per medical notes dated 06/12/14, patient complains of low back pain with radiating symptoms to the left hip and left buttock as well as right knee pain. Pain is rated at 7-10/10 without medication and 8/10 with medication. The patient has increased pain in the last 2 weeks. The patient had acupuncture 2 years ago and it was helpful. His pain level decreased and he was able to do more exercise and stay more active. The patient is staying functional and working full time. The provider is requesting additional 8 acupuncture treatments. 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.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Sessions of Acupuncture (twice a week for four weeks) for the Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Acupuncture Treatment Guidelines.

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". The patient has had prior acupuncture treatment. Per medical notes dated 06/12/14, patient has acupuncture 2 years ago and it was helpful; his pain level decreased and he was able to do more exercise and stay more active. There is no documentation afforded for review that establishes a clear, updated clinical status of the patient with current objective finding, functional deficits and the benefits obtained with acupuncture already rendered that would substantiate a medical indication for additional care. 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, acupuncture treatments twice a week for four weeks is not medically necessary.