

Case Number:	CM14-0114349		
Date Assigned:	08/01/2014	Date of Injury:	07/30/2009
Decision Date:	09/22/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/22/2014

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 39 year old male who reported neck, mid back and low back pain from injury sustained on 07/30/09 while lifting and moving large items. EMG (12/21/11) of the lower extremity revealed bilateral acute L5 radiculopathy. EMG (11/29/11) C6 radiculopathy of the upper extremity revealed acute C6 radiculopathy on the right and left carpal tunnel syndrome. MRI (11/09/11) of the lumbar spine revealed multilevel disc protrusion. MRI of the cervical spine revealed 3mm disc protrusion with foraminal stenosis at C3-4 and C4-5. Patient is diagnosed with Lumbar spine HNP without radiculopathy; mid back strain; cervical spine HNP with radiculopathy; stress; anxiety; post traumatic headaches. Patient has been treated with lumbar fusion surgery; chiropractic; acupuncture; medication and physical therapy. Per medical notes dated 01/16/14, he is experiencing increased pain across his low back but his radicular symptoms are much improved after the surgery. Pain is rated at 6/10. Examination revealed tenderness to palpation along the posterior cervical musculature with decreased range of motion. Examination of the posterior lumbar musculature reveals tenderness to palpation bilaterally with increased muscle rigidity. Per medical notes dated 06/24/14, the patient completed 8 of 12 post operative lumbar spine physical therapy sessions and reports increased range of motion. He continues to have pain and numbness that radiates into the right hip. He has difficulty with flexion and prolonged activities. The patient also does have localized pain but he did benefit from acupuncture. Provider is requesting additional 6 acupuncture treatments. 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.

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 the MTUS Acupuncture 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". The patient has had prior acupuncture treatment. Per medical notes dated 06/24/14, the patient has localized pain and did benefit from acupuncture. 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 a review of evidence and guidelines, an additional 6 acupuncture treatments are not medically necessary.