

Case Number:	CM14-0116833		
Date Assigned:	08/04/2014	Date of Injury:	10/17/2007
Decision Date:	09/23/2014	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	07/24/2014

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 a licensed Chiropractor and Acupuncturist, 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 55 year old female who reported low back pain from injury sustained on 10/17/07 due to a fall. EMG of the lower extremity revealed L5 radiculopathy. Patient is diagnosed with status surgical intervention (04/2010) with reported post-operative spinal cord injury; paraplegia; incomplete neurogenic bowel/bladder; neuropathic and musculoskeletal pain. Patient has been treated with surgery, spinal stimulator trial, medication and acupuncture therapy. Per Acupuncture progress notes dated 01/16/14, patient complains of low back pain which goes into her legs. She also has weakness in her legs. Patient wants to reduce her pain medication. Examination revealed muscle spasms along the paraspinal muscles of the lumbar spine, worse on the right. Pain level prior to treatment is 7/10 and following treatment is 6/10. Per acupuncture progress notes dated 01/30/14, patient reports decreased pain level since last treatment. Pain prior to treatment is 6-7/10 and following treatment is 6/10. Provider is requesting additional 12 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, Twelve (12) sessions for 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- 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". Patient has had prior acupuncture treatment. Per acupuncture progress notes dated 01/30/14, patient reports decreased pain level since her last treatment; examination revealed muscle spasms; pain prior to treatment is 6-7/10 and following treatment is 6/10. 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 12 Acupuncture Treatments are not medically necessary.