

Case Number:	CM14-0120924		
Date Assigned:	08/06/2014	Date of Injury:	07/21/2011
Decision Date:	12/23/2014	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	07/31/2014

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 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 47 year old male who reported low back pain from injury sustained on 07/21/11. Mechanism of injury was not documented in the provided medical records. There were no diagnostic imaging reports. Patient is diagnosed with lumbar myofascial spasm, lumbar strain, lumbar facet arthritis at L4-5 and L5-S1 and lumbar radiculitis. Patient has been treated with medication, chiropractic, acupuncture and epidural injections. Per medical notes dated 02/17/14, overall the intensity of this pain has decreased with his recent acupuncture and chiropractic care. The patient has found both of these treatment options to be helpful for him, but he finds that the overall discomfort returns. Per medical notes dated 06/16/14, after his epidural injection, he states that the pain has reduced from 8/10 in intensity to 4/10. He is having less discomfort into the buttock region and overall feels improved. Pain is usually worse with prolonged sitting and he finds that acupuncture is helpful for his overall pain. Patient continues to have pain and flare-ups. 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:

Additional acupuncture 2 times 6 QTY: 12: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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." Patient has had prior acupuncture treatment. Per medical notes dated 02/17/14, overall the intensity of this pain has decreased with his recent acupuncture and chiropractic care. The patient has found both of these treatment options to be helpful for him, but he finds that the overall discomfort returns. Per medical notes dated 06/16/14, pain is usually worse with prolonged sitting and he finds that acupuncture is helpful for his overall pain. Provider requested additional 2 times 6 acupuncture treatments for lumbar spine. 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, 2 times 6 acupuncture treatments are not medically necessary.