

Case Number:	CM14-0123691		
Date Assigned:	08/08/2014	Date of Injury:	11/14/2013
Decision Date:	09/24/2014	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	08/05/2014

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, has a subspecialty 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 49 year old male who reported low back and left lower extremity pain from injury sustained on 11/14/13 while moving servers off the rack repetitively. X-rays of the lumbar spine revealed degenerative facet changes at L5-S1. X-rays of the left hip were unremarkable. MRI of the lumbar spine revealed congenital canal narrowing; left paracentral L4-5 moderate contained disc extrusion resulting in moderate canal stenosis and left lateral recess encroachment, neural foraminal narrowing at L3-4 through L5-S1. Patient is diagnosed with lumbago, sprain of lumbar region, sprain of thigh/hip, sciatica and pain in limb. Patient has been treated with medication, epidural injection, chiropractic, physical therapy and acupuncture. Per medical notes dated 05/19/14, patient complains of low back pain rated at 7/10. Examination revealed lumbosacral paraspinal muscle spasm with tender areas over the left lower lumbosacral facet joints. Black flexion is 30-40% and extension of the lumbar spine is limited. Per medical notes dated 06/26/14, patient states he continues to have pain in the low back area with radiation of the pain down into his leg. He reports that acupuncture has been helping with improving his mobility and function. Pain is rated at 6-7/10. Provider is requesting additional 6 acupuncture treatments for the low back and leg pain. 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:

Outpatient acupuncture treatment to the low back and left leg 1 x 6: 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 medical notes dated 06/26/14, he reports that acupuncture has been helping with improving his mobility and function. 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, 6 acupuncture treatments are not medically necessary.