

Case Number:	CM14-0123941		
Date Assigned:	08/08/2014	Date of Injury:	11/13/2013
Decision Date:	09/24/2014	UR Denial Date:	07/25/2014
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 Board Certified in Chiropractic Medicine, 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 43-year-old who reported mid back and low back pain from injury sustained on November 13, 2013, when a heavy container flipped and fell on top of her and caused her to fall back. MRI of the lumbar spine revealed posterior disc bulge at L4-5 and L5-S1; and benign appearing L4 intraosseous hemangioma. Patient is diagnosed with thoracic sprain/strain with facet arthropathy; lumbar degenerative disc disease with disc bulging; lumbar radiculopathy and lumbar facet arthropathy. Patient has been treated with medication and therapy. Per medical notes dated April 16, 2014, patient reports that she continues to be symptomatic. Patient complains of low back pain rated at 8/10 and increased to 9/10 with prolonged sitting, standing, walking or bending with burning sensation and numbness to the lower extremity. Patient also complains of mid back pain going up to level of the neck when severe. Medication decreases the pain temporarily. She has decreased range of motion with paraspinal muscle spasm. Primary physician recommended initial trial of 8 acupuncture treatments which were modified to six visits by the utilization reviewer.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight acupuncture visits: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to the Acupuncture Medical Treatment Guidelines, 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 not had prior Acupuncture treatment. Primary physician recommended initial trial of 8 acupuncture treatments which were modified by the utilization reviewer. Per guidelines 3-6 treatments are supported for initial course of Acupuncture with evidence of functional improvement prior to consideration of additional care. Requested visits exceed the quantity of initial acupuncture visits supported by the cited guidelines. Additional visits may be rendered if the patient has documented objective functional improvement. MTUS- Definition 9792.20 (f) 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. Therefore, the request for eight acupuncture visits is not medically necessary or appropriate.