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| Case Number: | CM14-0127842 | | |
| Date Assigned: | 08/15/2014 | Date of Injury: | 06/08/1993 |
| Decision Date: | 09/25/2014 | UR Denial Date: | 07/31/2014 |
| Priority: | Standard | Application Received: | 08/12/2014 |

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 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 69 year old female who reported low back pain from injury sustained on 06/08/93 while reaching to her desk drawer. There were no diagnostic imaging reports. Patient is diagnosed with Lumbago and chronic low back pain. Patient has been treated with medication, therapy and acupuncture. Per medical notes dated 05/27/14, patient went to ER and her work-up was unremarkable. Patient was placed on some anti-inflammatory medication and muscle relaxants. She walks forward flexed and examination revealed decreased range of motion. Per medical notes dated 07/22/14, patient complains of low back pain with no change. She is unable to sit or stand. The only thing that seems to help her pain is acupuncture 1X/week. She would like to get back into acupuncture. Her range of motion is decreased in all areas. She is in discomfort when she moves. Provider is requesting additional acupuncture 1X8 which was modified to 6 sessions by the utilization reviewer. 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 once a week for eight weeks (1x8): 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 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". In this case, the patient has had prior acupuncture treatment. Per medical notes dated 07/22/14, patient complains of low back pain with no change. She is unable to sit or stand, the only thing that seems to help is acupuncture 1X/week. Patient has had 15 acupuncture treatments to date. Previous acupuncture progress notes were not provided for review. Provider is requesting additional acupuncture treatments once a week for eight weeks which were modified to 6 by the utilization reviewer. 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, acupuncture once a week for eight weeks is not medically necessary.