

Case Number:	CM14-0129904		
Date Assigned:	09/18/2014	Date of Injury:	12/31/2000
Decision Date:	10/16/2014	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	08/14/2014

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 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 54 year old male who reported low back pain from injury sustained on 12/31/00. Mechanism of injury was not documented in the provided medical records. There were no diagnostic imaging reports. Patient is diagnosed with Sciatica; thoracic/lumbosacral neuritis/radiculitis; intervertebral degenerative disc disease of lumbar and lumbosacral; lumbago and post laminectomy syndrome, lumbar region. Patient has been treated with lumbar laminectomy, therapy, medication and acupuncture. Acupuncture progress notes document "improvement in ADLs"; but not in a specific and verifiable manner consistent with the definition of functional improvement as stated in guidelines. Per Medical notes dated 07/08/14, "patient has attended 12 acupuncture sessions in the last month and continues to report good improvement". Patient reports pain without medication is 8/10, pain with medication is 4/10; pain today is pain 4/10. Per medical notes dated 09/17/14, "he continues to participate in acupuncture up to 3X /week, drastically reducing his pain"; paint without medication is 8/10 and pain with medication is 2/10; "the medication are keeping the patient functional, allowing for increased mobility, tolerance of ADLs and home exercises". There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Patient hasn't had any long term symptomatic or functional relief with acupuncture care. 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:

12 Acupuncture sessions to include: neuromuscular reed, therapeutic exercise, massage/myofascial release and infrared: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, Infrared

Decision rationale: The injured worker is a 54 year old male who reported low back pain from injury sustained on 12/31/00. Mechanism of injury was not documented in the provided medical records. There were no diagnostic imaging reports. Patient is diagnosed with Sciatica; thoracic/lumbosacral neuritis/ radiculitis; intervertebral degenerative disc disease of lumbar and lumbosacral; lumbago and post laminectomy syndrome, lumbar region. Patient has been treated with lumbar laminectomy, therapy, medication and acupuncture. Acupuncture progress notes document "improvement in ADLs"; but not in a specific and verifiable manner consistent with the definition of functional improvement as stated in guidelines. Per Medical notes dated 07/08/14, "patient has attended 12 acupuncture sessions in the last month and continues to report good improvement". Patient reports pain without medication is 8/10, pain with medication is 4/10; pain today is pain 4/10. Per medical notes dated 09/17/14, "he continues to participate in acupuncture up to 3X /week, drastically reducing his pain"; paint without medication is 8/10 and pain with medication is 2/10; "the medication are keeping the patient functional, allowing for increased mobility, tolerance of ADLs and home exercises". There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Patient hasn't had any long term symptomatic or functional relief with acupuncture care. 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. The request for 12 Acupuncture Sessions To Include: Neuromuscular Reed, Therapeutic Exercise, Massage/Myofascial Release And Infrared are not medically necessary.