

Case Number:	CM14-0131092		
Date Assigned:	09/16/2014	Date of Injury:	07/18/2012
Decision Date:	10/17/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	08/15/2014

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 64 year old female who reported low back and right leg pain from injury sustained on 07/18/12 after she stood up then bent over to open a lower desk drawer. EMG/NCS revealed chronic bilateral L5 radiculopathy (stable) and left S1 radiculopathy. Patient is diagnosed with unspecified thoracic/ lumbar neuritis/ radiculitis; acquired spondylolisthesis. Patient has been treated with medication, physiotherapy and acupuncture. Per acupuncture progress notes dated 07/02/14, patient complains of low back pain and right leg pain, she did gain relief as a result of the acupuncture treatment. Per medical notes dated 7/11/14, patient complains of low back pain and right leg pain. Examination revealed increased lordosis with a shift to the right, there is prominence of left thoracolumbar muscle mass compared to the right. She had tenderness to palpation of the pelvic brim bilaterally; right sciatic notch tenderness rated mild and decreased range of motion of the lumbar spine. She did experience some relief of symptoms as a result of acupuncture treatment. Provider is requesting additional 8 acupuncture sessions. 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 to the low back x8: 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 pages 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 07/02/14, "she did gain relief as a result of the acupuncture treatment". Per medical notes dated 07/11/14, "She did experience some relief of symptoms as a result of acupuncture treatment". Provider is requesting additional 8 acupuncture sessions. 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, additional 8 Acupuncture Treatments are not medically necessary.