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| Case Number: | CM14-0137852 | | |
| Date Assigned: | 09/05/2014 | Date of Injury: | 08/07/2000 |
| Decision Date: | 10/02/2014 | UR Denial Date: | 08/05/2014 |
| Priority: | Standard | Application Received: | 08/26/2014 |

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 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 48 year old male who reported low back pain from injury sustained on 08/07/00 while lifting. MRI of the lumbar spine dated 05/15/14 revealed multilevel disc disease, most prominent at L3-4, L4-5 and L5-S1. Electrodiagnostic studies revealed bilateral L5 and S1 radiculopathy. Patient is diagnosed with thoracic/ lumbosacral neuritis/ radiculitis; lumbosacral spondylosis without myelopathy and lumbago. Patient has been treated with medication, physical therapy, aqua therapy and acupuncture. Per medical notes dated 05/02/14, patient complains of ongoing and debilitating pain in his low back, radiating down to bilateral lower extremity; right side greater than left. Pain is rated at 8/10. Patient moves slowly in and out of the office and has antalgic gait. He has difficulty transitioning from sitting to standing. Per medical notes dated 07/17/14, patient complains of low back pain rated at 7-8/10. Patient is receiving acupuncture which has been beneficial in alleviating pain and spasm in regards to his low back. Provider is recommending additional 12 acupuncture treatments. 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 Quantity: 12 Visits: 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 07/17/14, patient complains of low back pain rated at 7-8/10; patient is receiving acupuncture which has been beneficial in alleviating pain and spasm with regards to his low back. 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, additional 12 acupuncture treatments are not medically necessary.