

Case Number:	CM14-0138982		
Date Assigned:	09/05/2014	Date of Injury:	07/26/2010
Decision Date:	10/14/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/27/2014

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 Physical Medicine and Rehabilitation 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 56-year-old male who reported an injury on 07/26/2010. The mechanism of injury was not provided within the medical records. The clinical note dated 08/06/2014 indicated diagnoses of spondylosis lumbosacral-lumbar facet arthropathy, sprain/strain of the lumbar region and chronic pain. The injured worker reported chronic low back pain that was worse with increased activity. The injured worker reported he continued to work on modified duties and was able to tolerate his duties generally well, but did not feel he could start full duty work. The injured worker reported acupuncture did help in the past to relieve some of his pain. The injured worker reported he continued to utilize medications intermittently, but they do help with pain and function and he was tolerating them without side effects. Upon physical examination of the lumbar spine, there was tenderness to palpation at the lumbosacral junction, range of motion of the lumbar spine was full with flexion, but decreased by 50% with extension and decreased by 20% with rotation bilaterally. The injured workers straight leg raise was negative bilaterally. Motor strength was 5/5 bilaterally to the lower extremities and sensations were intact to light touch at the bilateral lower extremities. The injured worker's treatment plan included the request for 6 sessions of acupuncture and follow-up in 4 weeks. The injured worker's prior treatments included diagnostic imaging and medication management. The injured worker's medication regimen included Diclofenac, Cyclobenzaprine, Tramadol, and Tylenol. The provider submitted a request for continued acupuncture sessions of the low back. A Request for Authorization dated 07/22/2014 was submitted for additional acupuncture; however, a rationale was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued Acupuncture Sessions (low back): Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The request for Continued Acupuncture Sessions (low back) is not medically necessary. The California MTUS Guidelines recommend acupuncture as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. Time to produce functional improvement is 3 to 6 treatments. Frequency is 1 to 3 times per week. Optimum duration is 1 to 2 months. Acupuncture treatments may be extended if functional improvement is documented. The injured workers request for continued acupuncture sessions was modified on 07/25/2014 for 1 times 3 to the low back. In addition, there is lack of documentation of efficacy and functional improvement with the use of the acupuncture. Moreover, the amount of acupuncture sessions that have already been completed to the low back was not indicated. In addition, the completed acupuncture should have been adequate to improve functionality and transition the injured worker to a home exercise program where the injured worker may continue exercises such as strengthening, stretching, and range of motion. Furthermore, the request does not indicate a time frame for the acupuncture. Therefore, the request for continued Acupuncture sessions for the low back is not medically necessary.