

Case Number:	CM14-0151419		
Date Assigned:	09/19/2014	Date of Injury:	10/10/2011
Decision Date:	10/20/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	09/17/2014

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 female who reported low back pain from injury sustained on 10/10/11. Mechanism of injury was not documented in the provided medical records. MRI of the lumbar spine dated 06/12/14 revealed post operative changes with degenerative disc disease, facet arthropathy and retrolisthesis at L4-5 and L5-S1; canal stenosis at L4-5 and L5-S1; mild right, moderate left neural foraminal narrowing and annular fissuring at L4-5 and L5-S1. Patient is diagnosed with lumbar intervertebral disc displacement without myelopathy and lumbago. Patient has been treated with lumbar decompression, medication, physical therapy and acupuncture. Per medical notes dated 04/18/14, she has been attending acupuncture sessions which have been helpful for back pain and insomnia. Patient complains of left low back pain with associated leg weakness. Per medical notes dated 08/29/14, patient complains of low back pain with associated leg weakness. No numbness and tingling. Pain is rated at 6/10. Pain is alleviated with muscle relaxers and aggravated by bending forward, backwards and coughing. Provider is requesting additional 6-8 acupuncture sessions. 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:

Acupuncture 2 x per Week x 3 to 4 Weeks: 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 04/18/14, she has been attending acupuncture sessions, which have been helpful for back pain and insomnia. Provider requested additional 2X3-4 acupuncture sessions for the 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, 2x3-4 acupuncture treatments are not medically necessary.