

Case Number:	CM14-0152095		
Date Assigned:	09/22/2014	Date of Injury:	12/30/2010
Decision Date:	10/27/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/18/2014

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 Acupuncturist and is licensed to practice in Florida. 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 patient is a 52-year-old male who sustained an industrial injury on 12/30/10. The patient was in an automobile accident while working as a bus-driver. He sustained injuries to his low back, and suffered from pain in his low back and bilateral sacroiliac joints. His previous diagnosis was Lumbar musculoligamentous sprain/strain and right sacroiliac joint sprain. He was released to return to usual and customary duties on 6/23/11. For the most part, the patient's pain is/and has been controllable with medication (rx. for Aaprox 8/14/14), chiropractic care (short course), exercise programs, acupuncture (2011), ortho stimulation unit, and PT. On occasion, the patient does have pain flair ups. The patient still complains of low back pain and bilateral sacrioliac joint pain despite time, medication and therapy. The documentation supports a modified request for acupuncture only. The request is modified to support 6 sessions for the lumbar spine and bilateral sacrioliac joints without Ifra Lamp/Medical Supply and Kiesio Tape. The current documentation provides information that the patient could receive benefit from 6 acupuncture sessions; however, the medical use of Infra Lamp/Medical Supply and Kinesio tape has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Sessions trial of acupuncture (LS & bilateral sacroiliac joint) with infral lamp/medical supply & kinesio tape: Overturned

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The patient is a 52-year-old male who sustained an industrial injury on 12/30/10. The patient was in an automobile accident while working as a bus driver. The patient suffers from low back pain and bilateral sacroiliac joint pain. For the most part, the patient's pain is/and has been controllable with medication, chiropractic care (short course), exercise programs, acupuncture (2011), ortho stimulation unit, and PT. On occasion, the patient does have pain flair ups. As per CA MTUS Acupuncture Medical Treatment Guidelines (9792.24.1) Acupuncture is used 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 expedite functional recovery. Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20 CA MTUS Acupuncture Guidelines requires clinical evidence of functional improvement for additional care to be considered. CA Acupuncture guidelines cited, 9792.24.1 states that the time to produce significant improvement is 3-6 treatments. It also states that acupuncture may be extended if functional improvement is documented including significant improvement in activities of daily living, reduction of work restriction, and reduction of dependency on continued medical treatment. CA MTUS does not provide recommendations for the use of infrared therapy on the management of low back pain. The current documentation provides information that the patient could receive benefit from 6 acupuncture sessions; however, the medical use of Infra Lamp/Medical Supply and Kinesio tape has not been established. Therefore, a modification of the requested 6 acupuncture sessions (without Infra Lamp/Medical Supply and Kinesio tape) for the L/S and bilateral sacroiliac joint would be more appropriate.