

Case Number:	CM14-0153706		
Date Assigned:	09/23/2014	Date of Injury:	02/15/2011
Decision Date:	10/24/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/19/2014

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, has a subspecialty in Acupuncture and is licensed to practice in New York. 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 female who is currently being treated for chronic low back pain. To date, the applicant has been treated with analgesic medication, physical therapy, lumbar surgery (L4-L5 lumbar discectomy and fusion) and at least 6 acupuncture sessions. A MRI report dated 03/26/14, demonstrates a surgically fused L4-L5, early disc desiccation at L3-L4 and L5-S1 along with a disc protrusion at L5-S1. A request for 6 acupuncture visits was submitted with the primary diagnosis of displacement of the lumbar intervertebral disc without myelopathy (722.1). The most recent progress report dated 08/08/14, is notable for lumbar tenderness, limited lumbar range of motion with pain and lower extremity muscle testing that was graded 5 of 5 bilaterally. The applicant reported that acupuncture and physical therapy mildly reduce pain, increase mobility and strength and decreased frequency of pain medication. Based on the records reviewed the applicant's pain level has remained between a 3-6 of 10 and lumbar range of motion has remained limited with pain. The applicant has been unable to return to work and has a temporary total disability as of 08/08/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Acupuncture sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: MTUS 9792.24.1.c notes that time to produce functional improvements is 3-6 treatments. In this case, the applicant has received at least 6 acupuncture treatments and has requested an additional 6 acupuncture treatments, which falls outside the recommended 3-6 visits. MTUS 9792.24.1.d notes that acupuncture may be extended if functional improvement is documented. Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history of physical exam. The records indicate that the applicant received at least 6 acupuncture treatments but no supporting functional improvements were reported. Therefore, based on the guidelines and a review of the evidence, the request for 6 acupuncture treatments is not medically necessary on Independent Medical review.