

Case Number:	CM14-0158318		
Date Assigned:	10/01/2014	Date of Injury:	02/22/2006
Decision Date:	10/28/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	09/26/2014

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 Board Certified in Chiropractic, has a subspecialty in 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 66 year old female who reported lower back pain that radiates to the lower extremities from cumulative injuries sustained in the period between May 2005 through February 2006. Particularly on 02/22/06, injured worker states that she was "twisting towards the chart racks while seated and felt left sided pain in her lower back; pain radiated down the left leg causing walking difficulties." MRI dated 02/27/06 revealed disc osteophyte complex at L4-L5 resulting in both central canal and bilateral neural foraminal stenosis, L3-L4, there is central canal and bilateral neural foraminal stenosis secondary to a circumferential degenerative disc osteophyte complex. X-Ray of the foot on 10/01/13 revealed moderate osteoarthritis at the right first MTP joint and small plantar calcaneal bone spur. X-Ray on 11/17/13 of the tibia and fibula was unremarkable. EMG on 01/30/14 reveals possible L4-L5 radiculopathy. Nerve conduction studies conducted on 01/30/14 reveal right peroneal nerve block. MRI of the lumbar spine on 01/09/14 reveal multilevel disc bulges, protrusions and extrusions throughout the lumbar spine that is most severe at L4-L5 where there is severe central spinal canal stenosis. MRI of the right ankle on 01/09/14 revealed osteochondral injury of the talocrural joint and tear of the anterior syndesmotoc ligament. Injured worker is diagnosed with thoracic sprain, lumbar sprain, lumbar radiculopathy, lumbar disc bulges, right ankle sprain/strain, myalgia and myositis unspecified, spasm of muscle, anxiety state unspecified, unspecified sleep disorder and lumbosacral plexus lesions. Injured worker has been treated with medication, physical therapy, acupuncture treatment and epidural cortisone injections. Per medical notes dated 09/05/14, injured worker complains of mid back and lower back pain which radiates to the right leg. She also states that she is experiencing right ankle pain with weight bearing. Pain in the mid back is rated at 5/10, lower back at 6/10 and 7/10 at times and right leg/ankle 6/10 at times. She states she has "difficulty falling asleep and staying asleep at night time and reduced alertness in the daytime

due to medication." Primary treating physician requested 3 visits per week X4 weeks which was denied. Injured worker has completed 13 of 24 authorized acupuncture treatments as mentioned in progress note dated 09/05/14; however, there is no documented functional improvement. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Injured worker 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 an injured worker 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:

12 Acupuncture Visits 3 Times a Week for 4 Weeks Lumbar/Sacral Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Per MTUS- 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". Injured worker has had prior acupuncture treatment. 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 an injured worker who has not achieved significant objective functional improvement to warrant additional treatment. Additional visits may be rendered if the injured worker 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. Additionally, requested visits exceed the quantity supported by cited guidelines. Per review of evidence and guidelines, additional 12 acupuncture treatments are not medically necessary.