

Case Number:	CM14-0171286		
Date Assigned:	10/23/2014	Date of Injury:	12/26/2012
Decision Date:	12/11/2014	UR Denial Date:	10/10/2014
Priority:	Standard	Application Received:	10/16/2014

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 Occupational Medicine 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:

Patient is a 38-year-old female who has submitted a claim for lumbar myospasm, lumbar radiculopathy, and lumbar sprain/strain associated with an industrial injury date of 12/26/2012. Medical records from 2014 were reviewed. The patient complained of constant, moderate, achy, sharp low back pain, aggravated by standing, walking, bending, and twisting. Physical examination of the lumbar spine showed trigger points, limited motion, tenderness, muscle spasm, positive Kemp's test bilaterally, and positive straight leg raise test on the right. Treatment to date has included 28 sessions of physical therapy, 11 sessions of chiropractic care, two sessions of acupuncture, and medications. The present request for acupuncture is to increase range of motion, to increase ability in performing activities of daily living, and to provide pain relief. Utilization review from 10/10/2014 modified the request for acupuncture two times a week x 4 weeks to the lumbar spine into 2 times a week for 3 weeks to meet guideline recommendation for trial basis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2xWk x 4Wks Lumbar Spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: CA MTUS Acupuncture Medical Treatment Guidelines state that 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 hasten functional recovery. Acupuncture treatments may be extended if functional improvement is documented. The frequency and duration to produce functional improvement is 3 - 6 treatments, frequency of 1 - 3 times per week, and duration of 1 - 2 months. It may be extended if functional improvement is documented. In this case, patient received 2 sessions of acupuncture treatment in the past. Given that she had only attended limited number of sessions, there was no documentation stating the pain reduction, functional improvement or decreased medication-usage associated with acupuncture treatment. Low back pain persisted despite physical therapy and chiropractic care; hence, re-enrollment to acupuncture had been established. However, the present request for 8 sessions exceeded guideline recommendation for the number of initial therapy visits. There was no discussion concerning need for variance from the guidelines. Therefore, the request for Acupuncture 2xWk x 4Wks Lumbar Spine was not medically necessary.