

Case Number:	CM14-0171973		
Date Assigned:	10/23/2014	Date of Injury:	03/30/2013
Decision Date:	11/21/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/17/2014

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, 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 34 year old female who reported low back pain from injury sustained on 03/30/13 while reaching for some containers above head level and experienced sharp stabbing pain in low back. MRI of the lumbar spine revealed severe disc degeneration at L5-S1 with central/exterior posterior disc fragment causing neuroforaminal stenosis and moderate degenerative facet arthritis. Injured worker is diagnosed with lumbar disc degeneration, lumbar radiculopathy and lumbar facet syndrome. Injured worker has been treated with medication, physical therapy, epidural injection and acupuncture. Per medical notes dated 03/31/14, she underwent 6 acupuncture treatments which did seem to help her. Per medical notes dated 02/17/14, injured worker complains of low back pain of variable intensity, 2/10-8/10. It is characterized as sharp, stabbing, throbbing pain which radiates to left buttock. Examination revealed decreased range of motion with tenderness to palpation. Per medical notes dated 08/01/14, injured worker underwent epidural injection which have her 70% relief, she has now increased her activity tolerance. Provider requested additional 2X4 acupuncture sessions for lumbar spine. 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.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture Lumbar Spine 2 Times a Week for 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- 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. Per medical notes dated 03/31/14, she underwent acupuncture treatments which did seem to help her. Provider requested additional 8 acupuncture sessions for lumbar spine. There is lack of evidence that prior acupuncture care was of any functional benefit. 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 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, 2X4 acupuncture treatments are not medically necessary.