

Case Number:	CM14-0172557		
Date Assigned:	10/23/2014	Date of Injury:	11/14/2013
Decision Date:	12/02/2014	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	10/19/2014

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 licensed 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 50 year old male who reported low back pain from injury sustained on 11/14/13 after moving a server off the rack repetitively. MRI of the lumbar spine revealed congenital canal narrowing, left paracentral L4-5 moderate contained disc extrusion resulting in moderate canal stenosis, neural foraminal narrowing L3-4 through L5-S1. The patient is diagnosed with low back pain, left leg pain, lumbosacral radiculopathy. The patient has been treated with medication, acupuncture, epidural injection. Per medical notes dated 07/18/14, he has had physical therapy and acupuncture, which he believes has helped. He had epidural injection which he said had 40% relief. Per medical notes dated 07/24/14, patient reports that he still continues to have significant amount of pain in the low back as well as in the left leg. Pain rated at 6/10. Per 10/06/14, patient reports overall not significantly improved. He continues to have back pain radiating down the left leg with weakness. Pain increases to 5/10 with numbness, tingling, pins and needles on the side of the leg, foot and buttock area. There is mild myofascial tenderness. Provider requested additional once per week for six weeks acupuncture sessions. 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 patient 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:

Outpatient Acupuncture treatment to the lumbar spine, once a week for six 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- Section 9792.24.1 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". The patient has had prior acupuncture treatment. Per medical notes dated 07/18/14, he has had acupuncture which he believes has helped. Per medical notes dated 10/06/14, patient reports overall not significantly improved. Provider requested additional acupuncture treatments once per week for six weeks. Medical records discuss functional improvement but not in a specific and verifiable manner consistent with the definition of functional improvement as stated in guidelines. 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 patient who has not achieved significant objective functional improvement to warrant additional treatment. Additional visits may be rendered if the patient 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. Per review of evidence and guidelines, acupuncture treatments once per week for six weeks are not medically necessary.