

Case Number:	CM14-0173960		
Date Assigned:	10/27/2014	Date of Injury:	11/03/2013
Decision Date:	12/12/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	10/22/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 55 year old with an injury date on 11/30/13. Patient complains of on/off lumbar pain rated 3/10, and decreasing bilateral leg pain per 9/17/14 report. An MRI of the L-spine dated 1/15/14 showed a 6mm herniation at L5-S1 per 5/28/14 report. Based on the 9/17/14 progress report provided by [REDACTED] the diagnoses are dorsolumbar s/s and R/O HNP of possible radiculopathy to LLE. Exam on 9/17/14 showed "L-spine range of motion reduced, especially extension at 15 degrees." Patient's treatment history includes acupuncture, back brace, and medication. [REDACTED] is requesting acupuncture treatment 2 times a week for 6 weeks, Qty: 12 sessions. The utilization review determination being challenged is dated 9/22/14. [REDACTED] is the requesting provider, and he provided treatment reports from 4/16/14 to 9/17/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture treatment 2 times a week for 6 weeks, QTY: 12 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Page(s): 13.

Decision rationale: This patient presents with lower back pain and bilateral leg pain. The physician has asked for acupuncture treatment 2 times a week for 6 weeks, Qty: 12 sessions on 9/17/14. Review of reports shows patient is currently undergoing acupuncture treatments, but the start date, number of sessions, and the effectiveness of treatment was not specified. MTUS acupuncture guidelines allow 3-6 sessions of trial before additional treatment sessions are allowed. "Additional" acupuncture: In this case, the patient has had unspecified amount of acupuncture treatments. For additional treatments, functional improvement as defined by labor code 9792.20(e) as significant change in ADL's, or change in work status, AND reduced dependence on medical treatments must be documented. Given the lack of such documentation following recent acupuncture, recommendation is for denial.