

Case Number:	CM14-0174046		
Date Assigned:	10/27/2014	Date of Injury:	04/22/2013
Decision Date:	12/04/2014	UR Denial Date:	10/11/2014
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 licensed in Chiropractor and 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 32 year old female who reported low back pain from injury sustained on 04/22/13. Mechanism of injury was not documented in the provided medical records. X-rays of lumbar spine dated 09/30/13, evidence of posterior fusion at L4-5 with metallic prosthesis in satisfactory position. There are mild hypertrophic changes of lumbar spine without evidence of fracture present. CT scan of the lumbar spine revealed mild lumbar curvature, anterior and posterior L4-5 fusion with normal alignment, L5-S1 greater than L3-4 disc space narrowing and grade 1 retrolisthesis at both levels; L3-4 and L4-5 facet arthropathy and mild bilateral SI joint degenerative osteoarthritis. Patient is diagnosed with status post L4-5 decompression and fusion on 04/30/13 and degenerative disc disease. Patient has been treated with medication, surgery and physical therapy. Per medical notes dated 05/01/14, patient complains of low back pain. Patient completed his physical therapy; she continues to have increasing pain in the lumbar area with radicular component and with tingling and numbness. Provider requested 12 acupuncture sessions for the lumbar spine; however, it is unclear if the request is for initial trial of care of if the patient has had prior acupuncture sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve acupuncture visits for the lumbar spine, twice 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". It is unclear if the patient has had prior Acupuncture treatment or if the request is for initial trial of care. Provider requested 12 acupuncture visits for lumbar spine. Per guidelines 3-6 treatments are supported for initial course of Acupuncture with evidence of functional improvement prior to consideration of additional care. Requested visits exceed the quantity of initial acupuncture visits supported by the cited guidelines. 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. MTUS- Definition 9792.20 (f) 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. Per guidelines and review of evidence, 12 Acupuncture visits are not medically necessary.