

Case Number:	CM14-0174217		
Date Assigned:	10/24/2014	Date of Injury:	11/22/1989
Decision Date:	12/04/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/20/2014

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 and Rehabilitation and is licensed to practice in Illinois. 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 52 year old male who reported injury on 11/22/1989. The mechanism of injury was not included in the documentation submitted for review. The injured worker's diagnoses were noted to include disc pain of the lumbar spine, degenerative disc disease of the lumbar spine, spondylosis of the lumbar spine, stenosis of the lumbar spine, facet arthropathy of the lumbar spine, radiculitis of the lumbar spine and myalgia of the lumbar spine. His past treatments were noted to include medication, the use of a Transcutaneous Electrical Nerve Stimulation (TENS) unit, a home exercise program, chiropractic care, rest, ice, and acupuncture. The documentation did not include diagnostic studies or surgical history. On 10/24/2014, the injured worker stated he was having an increase in right low back pain, which radiated to his right leg especially when getting out of bed and walking. He stated he had to increase his medication to provide pain relief. He rated his pain at 5/10 without medication and a 2/10 with medication. The provider noted the injured worker stated he was not having flare ups when he was going to acupuncture but unfortunately he stated he could not afford it on his own. The physical exam stated the injured workers strength was 5/5 bilaterally to the lower extremities, sensation is intact and equal. He had a negative Patrick's and Gaenslen's maneuver, and a negative straight leg raise. The injured worker had tenderness with palpation over the lumbosacral paraspinals with significant right sided myofascial restrictions and muscle spasms. There was trigger point tenderness to L3 to S1 paraspinals bilaterally. The injured worker's medication regimen was noted to include Tramadol, Flexeril, Gabapentin and Ibuprofen. The documentation noted the treatment plan included recommendations for continuation of his medication regimen, a home exercise program to include new stretching exercises discussed and demonstrated during exam, and continuation of TENS unit use. A request was received for acupuncture treatment for the low back, 1 time a week for 6 weeks, QTY: 6 sessions which was

noted to help manage his pain with minimal medication. The request for authorization was not included in the documentation submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture treatment for the low back, 1 time a week for 6 weeks, QTY: 6 sessions:

Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The request for Acupuncture treatment for the low back, 1 time a week for 6 weeks, QTY: 6 sessions is not medically necessary. The injured worker had low back pain that was decreased with medication and past treatments of acupuncture. The California Acupuncture Medical Treatment Guidelines state 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 can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. Frequency and duration of acupuncture may be performed 3 to 6 treatments 1 to 3 times a week for 1 to 2 months to produce functional improvement. Acupuncture treatments may be extended if functional improvement is documented. The physical exam dated 10/24/2014, indicated the injured worker had past acupuncture treatments which he stated helped him manage his pain and he was able to perform normal activities of daily living. However, there was a lack of documentation demonstrating the injured worker had remaining objective functional deficits. There was a lack of objective documentation indicating the injured worker had significant objective functional improvement with the prior acupuncture, as well as decreased pain and decreased medication usage. Additionally, the documentation did not state how many treatments of acupuncture he has already received. As such, the request is not medically necessary.