

Case Number:	CM14-0174514		
Date Assigned:	10/27/2014	Date of Injury:	04/09/2014
Decision Date:	12/04/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	10/21/2014

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 Chiropractic 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 51 year old male who reported low back pain from injury sustained on 04/09/14; while bending over to check the trailer hitch, he felt a sharp stabbing back in the low back that radiated into his left thigh. MRI of the lumbar spine dated 09/04/14 revealed multilevel degenerative disc changes noted at L1-2-3; broad based disc protrusion at L2-3; central disc herniation at L3-4 and arthritic changes on the right at L5-S1. Patient has been treated with medication and physical therapy. Per medical notes dated 09/22/14, patient complains of low back pain radiating into left lower extremity. Patient continues with significant low back pain and mild-to-moderate left leg pain, as well as some weakness and numbness in the left lower extremity. Pain is constant and is rated at 8/10. He states that sitting and bending aggravate his symptoms. Provider requested initial trial of 8 acupuncture sessions for lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture to the lumbar spine times 8: 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". Patient has not had prior Acupuncture treatment. Provider requested initial trial of 8 acupuncture sessions. 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. 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, 8 acupuncture visits are not medically necessary.