

Case Number:	CM14-0175513		
Date Assigned:	10/28/2014	Date of Injury:	06/27/2012
Decision Date:	12/05/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	10/23/2014

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 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 54 year old female who reported low back pain from injury sustained on 06/21/12. On the day of the injury, while pulling a chair towards her desk; wheel of the chair got stuck and she lost her balance. Electrodiagnostic studies revealed mild chronic L4-5 radiculopathy on the right greater than the left. MRI of the lumbar spine revealed grade 1 spondylolisthesis of L4 on L5; disc herniation at L4-5, L5-S1 with disc space narrowing and IVF encroachment. Patient is diagnosed with lumbar sprain/strain, lumbar intervertebral disc disease with myelopathy. Patient has been treated with medication, epidural injection, physical therapy, chiropractic and acupuncture. Per medical notes dated 10/07/14, patient was recommended for lumbar spine fusion surgery. Patient states low back pain is much better with a 4th epidural injection. She still has numbness and tingling, pain and spasms down bilateral legs, just less frequent since the last injection. Examination revealed tenderness to palpation with spasm right greater than left. Provider requested additional 12 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 2x week for 6 weeks for the lumbar spine: 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 had 20 authorized acupuncture visits per utilization review. 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. Per medical notes dated 10/07/14, patient was recommended for lumbar spine fusion surgery. Patient states low back pain is much better with a 4th epidural injection. 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. Requested visits exceed the quantity supported by cited guidelines. Per review of evidence and guidelines, additional 12 acupuncture treatments are not medically necessary.