

Case Number:	CM14-0178223		
Date Assigned:	10/31/2014	Date of Injury:	02/24/2014
Decision Date:	12/08/2014	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	10/27/2014

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 Chiropractic, has a subspecialty in 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 58 year old female who reported mid-low back pain radiating into the right lower extremity, along the back of the thigh and right calf with intermittent radiation to the left lower extremity. Patient states she was walking with a group of coworkers when another employee behind her tripped causing her to fall to the ground. An MRI of the lumbar spine on 04/04/14 revealed the following: annular tear with a 5mm posterior left paracentral disc protrusion at L4-5 with resultant mild spinal stenosis, the disc protrusion abuts the left L5 nerve within the thecal sac on which it may cause mild mass effect; 6mm broad posterior disc protrusion at L5-S1 which, together with mild facet arthropathy, results in moderate bilateral neuroforaminal narrowing; 1-2 mm posterior right paracentral disc protrusion at L1-2 which indents the anterior thecal sac, 4mm disc bulge at L3-4, mild bilateral facet arthropathy at L3-4, L4-5 and L5-S1, disc desiccation at L3-4 through L5-S1 with mild disc height loss at L3-4 and L5-S1. Patient is diagnosed with musculoligamentous strain lumbosacral, herniated nucleus pulposus L5-S1 and L5-L4, musculoligamentous sprain/strain cervical spine. Per notes dated 08/13/14, patient states she is feeling slightly better and rates her pain as an 8/10. She states that pain is always present and is aggravated by certain movements and bending, she states it is alleviated with medication and warm water. Patient has been treated with medication, physical therapy and TENS. Patient has not had prior acupuncture treatments. Primary treating physician has requested 12 visits which were modified to 4 visits per guidelines. Requested visits exceed the quantity of initial acupuncture visits supported by the cited guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture treatment sessions 3 times a week for 4 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 pages 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. Primary treating physician has requested 12 visits which were modified to 4 visits per guidelines. 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. Therefore based on guidelines and review of evidence, the request for 12 Acupuncture visits are not medically necessary.