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| Case Number: | CM14-0185278 | | |
| Date Assigned: | 11/14/2014 | Date of Injury: | 03/13/1995 |
| Decision Date: | 12/22/2014 | UR Denial Date: | 10/24/2014 |
| Priority: | Standard | Application Received: | 11/06/2014 |

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 and Acupuncture Services 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 03/13/95 due to repetitive lifting. There were no diagnostic imaging reports. Patient is diagnosed with lumbar disc displacement and lumbar spondylosis. Patient has been treated with medication epidural injection, physical therapy and Chiropractic. Per medical notes dated 08/26/14, patient is feeling the same, he is not working. He is interested in acupuncture; he has never had it before. Patient complains of thoracic spine pain rated at 4-5/10, lasts few hours. Pain is made worse with bending, lifting, stopping and sitting. Pain is better with rest, lying down and has occasional radiation to the lumbar spine. Patient complains of sharp and dull low back pain which is constant, rated at 6-7/10. Low back pain is worse with bending, lifting, stooping and twisting; it is made better with rest and stretching. Low back pain radiates to his right foot. Provider recommended continuation of Chiropractic and initial trail of 5 acupuncture treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Five acupuncture visits for the low back: 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. Patient's injury is over 18 years old. Per medical notes dated 08/26/14, patient is feeling the same. He complains of thoracic and lumbar pain. Provider requested initial trial of 5 acupuncture treatments for lumbar spine. Provider recommended continuation of chiropractic treatment. Per guidelines, acupuncture is used as an option when pain medication is decreased or not tolerated, which was not documented in the provided medical records. Acupuncture is used as an adjunct to physical rehabilitation; concurrent physical therapy was not documented. Per guidelines and review of evidence, 5 Acupuncture visits are not medically necessary.