

Case Number:	CM14-0022161		
Date Assigned:	05/09/2014	Date of Injury:	04/01/2009
Decision Date:	07/10/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/21/2014

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 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 51 year old female who reported low back pain from injury sustained on 4/1/09 due to repetitive lifting and carrying boxes. MRI of the lumbar spine revealed prior L5-S1 hemilaminectomy and mild degenerative disc disease at L5-S1. MRI of the left hip revealed mild degenerative changes and mild trochanteric bursitis. Patient was diagnosed with fibromyalgia; lumbar degenerative disc disease; lumbar radiculitis; status post L5-S1 microdisectomy; depression and anxiety. Patient has been treated with medication, physical therapy, aqua therapy, chiropractic, trigger point injection, epidural injection. Per notes dated 12/12/13, patient reports ongoing pain rated at 8-9/10. Examination revealed diffuse back, hip, thigh and leg tenderness. Per notes dated 12/17/13, patient is 2 months post-op after lumbar microscopic decompression and disectomy. Patient continues to improve after surgery. Physician requested initial 12 acupuncture visits to reduce her overall pain which was denied. Per guidelines acupuncture may be used as an adjunct to surgical intervention to hasten function recovery. However, 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:

12 ACUPUNCTURE SESSIONS: 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 hasn't had prior Acupuncture treatment. Per guidelines 3-6 treatments are sufficient for initial course of Acupuncture. Acupuncture may be used as an adjunct to surgical intervention to hasten function recovery. 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, 12 Acupuncture visits are not medically necessary.