

Case Number:	CM14-0025345		
Date Assigned:	06/13/2014	Date of Injury:	04/19/2012
Decision Date:	07/15/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	02/27/2014

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 Board Certified in Internal Medicine, and is licensed to practice in North Carolina, Colorado, California, and Kentucky. 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 50-year-old male who sustained an injury to his low back on 04/19/12. The mechanism of injury was not documented. The injured worker continued to complain of low back pain and left leg pain that remained unchanged and is declining surgery at this time. MRI of the lumbar spine dated 05/24/12 revealed L4-5, disc bulge causes mild central canal stenosis and touches the traversing right L5 route; L5-S1, broad-based disc bulge with associated disc osteophytes complex touching the traversing S1 roots; disc osteophytes complex and bilateral facet hypertrophy causes moderate bilateral foraminal stenosis with possible impingement of the bilateral L5 roots. The injured worker was diagnosed with displacement of lumbar disc without myelopathy. The treatment plan included 8 visits of acupuncture therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

EIGHT (8) ACUPUNCTURE VISITS TO THE LUMBAR SPINE.: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The request for eight acupuncture visits to the lumbar spine is not medically necessary. The previous request was denied on the basis that there was no documentation of any

detailed neurological physical examination findings or performance of any conservative therapy. Given the lack of physical examination findings as well as lack of appropriate first-line therapy, the request was not deemed as medically necessary. There were no physical therapy notes provided for review that would indicate the amount of physical therapy visits the injured worker has completed to date or the injured worker's response to any previous conservative treatment. The CA MTUS states that acupuncture is used as an option with pain medication if reduced or not tolerated; it may be used as an adjunct physical rehabilitation and/or surgical intervention to hasten functional recovery. Given the lack of documentation of failure of previous conservative treatment, medical necessity of the request for eight acupuncture visits to the lumbar spine has not been established.