

Case Number:	CM14-0029113		
Date Assigned:	06/20/2014	Date of Injury:	11/04/2013
Decision Date:	07/30/2014	UR Denial Date:	02/23/2014
Priority:	Standard	Application Received:	03/07/2014

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 Chiropractor 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 38 year old female who reported low back pain from injury sustained on 11/04/13. The patient is diagnosed with lumbar muscle strain. An MRI of the lumbar spine reveals small disc bulge at L3-4 and L4-5 without compromise of neural elements. The patient has been treated with medication, physical therapy, TENS unit, and acupuncture. Per medication notes dated 12/17/14, the patient's low back pain is rated at 9/10. She has tenderness to palpation. Per medical notes dated 01/20/14, the patient complains of low back pain rated 8/10. Per medical notes dated 02/19/14, the patient has low back pain rated at 6/10. Range of motion of the lumbar spine is within normal limits. She has tenderness to palpation. Pain is aggravated with movement and alleviated with rest.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture one (1) to two (2) times per week for three (3) to four (4) weeks, six (6) total for 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 the MTUS Acupuncture 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. The patient has had prior acupuncture treatment. There is lack of evidence that prior acupuncture care was of any functional benefit. 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. As such, the request is not medically necessary and appropriate.