

Case Number:	CM14-0030226		
Date Assigned:	03/19/2014	Date of Injury:	04/02/2012
Decision Date:	04/16/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	03/10/2014

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 Chiropractic and 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 26 year old female who reported low back pain from injury sustained on 4/2/10 due to a slip and fall. MRI of the lumbar spine revealed L5-S1 is rudimentary and may be sacroized. MRI of the thoracic spine revealed multilevel disc bulging without stenosis or herniation. MRI of the left hip was unremarkable. Patient was diagnosed with Lumbago. Patient has been treated with medication, physical therapy. Primary treating physician is recommending 8 initial acupuncture sessions. Per notes dated 2/3/14, patient complained of low back pain which ranges from 5/10-9/10; occasionally radiated to the left or the right leg. Per notes dated 3/3/14 patient is complaining of persistent mid-back and low back pain which is non-radiating. Medication somewhat relieves the pain. Patient is currently working on modified duty. Per guidelines 3-6 treatments are recommended for initial course of acupuncture care.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE, 1 TIME A WEEK FOR 8 WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Citation: Acupuncture Medical Treatment Guidelines

Decision rationale: "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. 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, 8 Acupuncture visits are not medically necessary.