

Case Number:	CM14-0037306		
Date Assigned:	06/25/2014	Date of Injury:	07/13/2006
Decision Date:	07/24/2014	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	03/27/2014

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 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 37 year old female who reported low back pain from injury sustained on 07/13/06. Mechanism of injury is unknown. MRI of the lumbar spine revealed 2.8mm disc bulge; L5-S1 grade 1 spondylolisthesis; significant bilateral arthrosis and annular tear. Patient is diagnosed with anterolisthesis of grade 1 on L5-S1; Lumbar discogenic disease and chronic low back pain. Patient has been treated with medication, physical therapy, chiropractic, epidural injection and acupuncture. Per medical notes dated 02/05/14, patient states that acupuncture appears to be helping. She continues to note significant low back pain on daily basis. She wishes to proceed with the surgical recommendation. Examination revealed continues tenderness to palpation over the midline and facet joints. Acupuncture progress notes were not included in the documents to be reviewed. Decreased range of motion and pain upon extension and lateral rotation was also noted. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. 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.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 times a week for 3 weeks to the lumbar spine, to be completed pre-op:
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: 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 had prior acupuncture treatment. There is lack of evidence that prior acupuncture care was of any functional benefit. Per medical notes dated 02/05/14, "patient states acupuncture appears to be helping". There is lack of documentation on reduction or intolerance to pain medication which would warrant acupuncture care. 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. Patient has failed conservative therapy as she is a candidate for surgery. Per MTUS guidelines, 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 or decrease in medication intake. Per review of evidence and guidelines, 2x3 acupuncture treatments are not medically necessary.