

Case Number:	CM14-0037890		
Date Assigned:	06/25/2014	Date of Injury:	11/06/2012
Decision Date:	12/16/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	03/31/2014

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 and Acupuncture Services 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 36 year old female who reported low back pain from injury sustained on 11/06/12. A student was grabbing at the patient's right leg causing her to almost fall forwards. X-rays of the lumbar spine revealed mild loss of disc height at L5-S1 and 1-2mm retrolisthesis. Patient is diagnosed with sprain/strain of lumbosacral joint and ligaments. Patient has been treated with medication and physical therapy. Per medical notes dated 05/31/13, patient complains of mid back and low back pain rated at 6/10 with radiation to the right leg. Pain is sharp, cramping and shooting with locking, giving away with some radiating pain. Heat, rest, therapy, lying down and stretching lessens the pain. Bending aggravates the symptoms. Examination revealed increased pain with extension and flexion of the lumbar spine. Provider requested initial trial of 2X6 acupuncture sessions. 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:

Acupuncture twice weekly for six weeks low back quantity 12: 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 has not had prior Acupuncture treatment. Per medical notes dated 05/31/13, patient complains of mid back to low back pain rated at 6/10 with radiation to the right leg. Provider requested initial trial of 2X6 acupuncture sessions for lumbar spine. Per guidelines 3-6 treatments are supported for initial course of Acupuncture with evidence of functional improvement prior to consideration of additional care. 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.