

Case Number:	CM14-0041655		
Date Assigned:	06/30/2014	Date of Injury:	05/20/2013
Decision Date:	07/31/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	04/07/2014

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 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 42 year old male who reported right ankle, left shoulder and low back pain from injury sustained on 05/20/13 due to a slip and fall. Patient is diagnosed with lumbar spine sprain/ strain and ankle sprain/strain. MRI of the right ankle was unremarkable. MRI of the lumbar spine revealed L2-L3 1mm posterior disc bulge; L3-L4 2-3mm posterior bulge and at L4-5 2-3mm posterior bulge. Patient has been treated with medication, therapy, chiropractic and acupuncture. Per acupuncture notes dated 02/06/14, patient complains of constant, sharp right ankle pain. Patient is feeling the same with treatment. Per medical notes dated 02/10/14, patient complains of low back pain rated at 7/10 with occasional numbness to the right ankle and left thigh. Treatment and medications are helping. Per medical notes dated 02/25/14, patient has pain in the right ankle, left shoulder and low back pain. Examination revealed tenderness to palpation of the paraspinal muscles, upper traps and right ankle with painful range of motion. Pain is rated at 7/10. Per acupuncture progress note dated 02/27/14, patient complains of right leg and low back pain. Pain is moderate and severe and feels the same with treatment. 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. 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.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture Therapy for the right ankle 2 times a week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation ACOEM- Pain Suffering and restoration of Function page 114.

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. 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. 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, 2x4 acupuncture treatments are not medically necessary.