

Case Number:	CM14-0043238		
Date Assigned:	07/02/2014	Date of Injury:	03/26/2005
Decision Date:	07/31/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	04/10/2014

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 Medicine 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 who reported low back pain from injury sustained on March 26, 2005. He was lifting a hose charged with water when he experienced pain in his low back with popping sensation. Patient is diagnosed with lumbar radiculopathy; lumbar pain; lumbar sprain and Sciatica. MRI of the lumbar spine revealed large herniated nucleous pulposis at L4-5; slight decreased disc height and moderate foraminal stenosis. Patient has been treated with surgery (decompression and discectomy at L3-4); therapy and medication. Per medical records dated December 11, 2013, patient complains of constant left hip pain. He also complains of posterior and anterior left leg pain which starts as tightness along the buttock. Pain is rated at 2/10. Primary physician is requesting initial course of eight acupuncture treatments which was modified to six visits. Per medical notes dated January 16, 2014, patient states he has no pain. He is feeling better after his last visit. Patient was involved in a motor vehicle accident on January 19, 2014. He states that the fire truck was rear ended and he developed pain. Per medical records dated February 21, 2014, patient complains of occasional sharp neck pain. Low back pain has resolved. 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 for the lumbar spine, twice weekly for four weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to the Acupuncture Medical treatment Guidelines, 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: three to six treatments. 2) Frequency: one to three times per week. 3) Optimum duration: one to two months. Acupuncture treatments may be extended if functional improvement is documented. Patient hasn't had prior Acupuncture treatment. 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. The request for Acupuncture for the lumbar spine, twice weekly for four weeks, is not medically necessary or appropriate.