

Case Number:	CM14-0045873		
Date Assigned:	07/02/2014	Date of Injury:	01/18/2011
Decision Date:	07/31/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	04/14/2014

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 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 35 year old female who reported low back pain from injury sustained on 01/18/11. The patient is diagnosed with lumbar spine pain; lumbar spine radiculopathy; lumbar spine sprain and lumbar spine stenosis. An MRI of the lumbar spine revealed posterior disc bulge with degenerative changes resulting in neural foraminal stenosis at L3-S1. The patient has been treated with medication, therapy and acupuncture. Per the medical notes 03/03/14, patient complains of ongoing low back pain rated at 5/10 which radiates to her right lower extremity. She reports the pain is accompanied by paraesthesia. The examination revealed tenderness to palpation and restricted range of motion. She reports a significant improvement in her condition due to acupuncture therapy but remains symptomatic. 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. 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, none of which were documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 x 4 to back: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Per the MTUS Section 9792.24.1 Acupuncture Medical Treatment Guidelines pages 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 is within 3-6 treatments. The frequency of treatment is 1-3 times per week but with optimum duration 1-2 months. Acupuncture treatments may be extended if functional improvement is documented. The patient has had prior acupuncture treatment. Per the medical notes dated 03/03/14, patient reports significant improvement in her condition due to acupuncture but remains symptomatic. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. The 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 the 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 the review of evidence and guidelines, 2 times a week for 4 weeks, acupuncture treatments are not medically necessary.