

Case Number:	CM14-0047221		
Date Assigned:	07/02/2014	Date of Injury:	10/13/2008
Decision Date:	08/22/2014	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	04/15/2014

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, 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 62 year old male who reported low back pain from injury sustained on 10/13/08. Mechanism of injury is unknown. Radiographs of lumbar spine revealed anterior vertebral spurring L3, L4, and L5 with lateral vertebral spurring at L2-4 with slight facet degenerative joint disease at L4-5 and L5-S1. Patient is diagnosed with sprain of lumbar region. Patient has been treated with medication, therapy and acupuncture. Most medical notes were handwritten and illegible. Per medical notes dated 11/19/13, patient complains of flare-up of his low back. Patient reports increased low back pain with performing functional activities. Examination revealed increased tenderness to palpation along the lower lumbar paravertebral musculature with associated slight to moderate muscle guarding and decreased range of motion. Patient reported symptomatic relief with prior course of acupuncture. Per acupuncture progress notes dated 01/14/14, patient complains of low back pain rated at 6-7/10 which was 8/10 prior to treatment. Notes revealed "decreased pain and increased tolerance to walking". There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. 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 which was not documented in the provided records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 1 times per week for 6 weeks for the lumbar spine: 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 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: 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. Most medical notes submitted were handwritten and illegible. Per acupuncture progress notes dated 01/14/14, patient complains of low back pain rated at 6-7/10 which was 8/10 prior to treatment and improved tolerance to walking. 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. Based on evidence and guidelines, 1X6 Acupuncture treatments are not medically necessary.