

Case Number:	CM14-0048590		
Date Assigned:	06/25/2014	Date of Injury:	12/03/2012
Decision Date:	07/28/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	03/28/2014

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 53 year old female who reported low back and left ankle pain from injury sustained on 12/03/12 due to a slip and fall. Radiographs of lumbar spine revealed minimal disc degeneration. MRI of the lumbar spine revealed degenerative disc disease at multiple levels and L4-5 left sided herniation. Patient is diagnosed with lumbar spine sprain/ strain; lumbar radiculopathy; ankle sprain/strain and foot sprain. Patient has been treated with medication, epidural injections, chiropractic and acupuncture. Per medical notes dated 01/24/14, patient continues to complain of left ankle pain and low back pain rated 8/10. Pain is constant in nature and is increased with prolonged walking/ standing. Examination revealed decreased active and passive range of motion of the left ankle. Per medical notes dated 03/04/14, patient complains of constant mid low back pain. Pain is increased with prolonged sitting and decreased with medical and topical cream. Primary treating physician is requesting additional acupuncture for lumbar spine 2X4. 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.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 ADDITIONAL ACUPUNCTURE THERAPY FOR THE LUMBAR SPINE TWICE A WEEK FOR 4 WEEKS AS AN OUTPATIENT: 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 had prior acupuncture treatment. Per medical notes dated 03/04/14, patient complains of constant low back and ankle pain rated at 8/10. 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.