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| Case Number: | CM14-0049088 | | |
| Date Assigned: | 06/20/2014 | Date of Injury: | 10/20/2012 |
| Decision Date: | 07/18/2014 | UR Denial Date: | 03/07/2014 |
| Priority: | Standard | Application Received: | 03/19/2014 |

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 & 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 60 year old female who reported low back pain from injury sustained on 10/20/12 due to a fall after her chair gave out. There were no diagnostic imaging reports. Patient is diagnosed with degeneration of the lumbar disc; lumbosacral intervertebral disc and chronic low back pain. Patient has been treated with lumbar laminectomy surgery, physical therapy and medication. Per notes dated 01/10/14, patient complains of chronic low back pain, she is doing better but still has residual low back and left leg pain. Per notes dated 02/21/14, patient continues to experience frequent pain with prolonged activity. Patient is noticing improvement with physical therapy and is experiencing less back pain. Primary treating physician is requesting initial course of 12 acupuncture sessions. 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 low back, 12 sessions: 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 hasn't had prior Acupuncture treatment. Acupuncture is used as an option when medication is reduced or is not being tolerated which was not mentioned in the medical notes. Per guidelines 3-6 treatments are sufficient for initial course of Acupuncture. 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. Therefore, per guidelines and review of evidence, the request for acupuncture for the low back, 12 sessions is not medically necessary.