

Case Number:	CM14-0049790		
Date Assigned:	07/07/2014	Date of Injury:	04/08/2012
Decision Date:	08/25/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/17/2014

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 Physical Medicine and Rehabilitation 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:

According to the records made available for review, this is a 37-year-old female with a 4/8/12 date of injury. At the time (3/21/14) of the request for authorization for acupuncture - lumbar, there is documentation of subjective (pain in her low back) and objective (limited range of motion of lumbar spine, spasm and tenderness is noted in her bilateral paraspinal musculature) findings, current diagnoses (approximately 5 months status post anterior lumbar interbody fusion at L4-5 and L5-S1 levels, L5-S1 herniated nucleus pulposus, L4-L5 annular tear, and over 1 year status post bilateral L5-S1 laminotomy/discectomy), and treatment to date (physical therapy and medication). There is no documentation that pain medication is reduced or not tolerated, or that acupuncture will be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery.

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: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: MTUS Acupuncture Medical Treatment Guidelines identifies that acupuncture may be used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery, to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. In addition, MTUS Acupuncture Medical Treatment Guidelines allow the use of acupuncture for musculoskeletal conditions for a frequency and duration of treatment as follows: Time to produce functional improvement of 3-6 treatments, frequency of 1-3 times per week, and duration of 1-2 months. Within the medical information available for review, there is documentation of diagnoses of approximately 5 months status post anterior lumbar interbody fusion at L4-5 and L5-S1 levels, L5-S1 herniated nucleus pulposus, L4-L5 annular tear, and over 1 year status post bilateral L5-S1 laminotomy/discectomy. However, there is no documentation that pain medication is reduced or not tolerated, or that acupuncture will be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. In addition, there is no documentation of the number of treatments requested. Therefore, based on guidelines and a review of the evidence, the request for acupuncture - lumbar is not medically necessary.