

Case Number:	CM14-0054427		
Date Assigned:	07/09/2014	Date of Injury:	03/25/2013
Decision Date:	08/08/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	04/22/2014

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, 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 28 year old male who reported low back pain from injury sustained on 03/25/13. He began having pain while removing a bag from as belt while working in baggage claim for an airline. The MRI of the lumbar spine revealed 4mm disc protrusion at L3-L4 and 8 mm disc protrusion at L4-L5. Patient is diagnosed with chronic low back pain; lumbar sprain/strain and lumbar radiculopathy. Patient has been treated with medication, physical therapy, chiropractic and acupuncture. Per medical notes dated 09/26/13, patient complains of constant low back pain radiating to the left lower extremity with numbness and tingling. Pain is rated 6/10. Authorization is pending for acupuncture, chiropractic and therapy. Per medical notes dated 03/04/14, patient complains of frequent low back pain radiating to the left lower extremity with numbness and tingling. Pain is rated at 4/10 with medication and 6/10 without medication. Examination revealed decreased range of motion. Primary physician is requesting 8 acupuncture treatments. 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.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture-2 x 4: 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 is between 3 and 6 treatments. The frequency is 1-3 times per week with an optimum duration of 1-2 months. Acupuncture treatments may be extended if functional improvement is documented. Per medical notes dated 09/26/13, authorization was pending for acupuncture. Per medical notes dated 03/05/14, the request was made for acupuncture 2x4. Per utilization review patient has had prior acupuncture treatments; however, acupuncture progress notes were not provided for review. There is lack of evidence that prior acupuncture care was of any functional benefit. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. If the patient hasn't had prior Acupuncture treatment requested visits exceed the quantity of initial acupuncture visits supported by the cited guidelines. Per guidelines 3-6 treatments are supported for initial course of Acupuncture with evidence of functional improvement prior to consideration of additional care. 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.