

Case Number:	CM14-0064764		
Date Assigned:	07/11/2014	Date of Injury:	11/27/2000
Decision Date:	09/08/2014	UR Denial Date:	04/16/2014
Priority:	Standard	Application Received:	05/07/2014

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 Chiropractor, and is licensed to practice 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:

Claimant is a 60 year old female who sustained a work related injury on 11/27/2000. Her diagnoses is low back pain, muscle spasm of back, lumbar stenosis, left knee pain, and degeneration of lumbar intervertebral disc. MRI findings show mild DJD and calcifications posterior to the tibia. Per a report dated 1/2/14, the claimant is feeling better and had a Corticosteroid treatment one week ago. She has three more acupuncture treatments to go. She is working with no restrictions. Per a physical therapy note dated 1/9/14, acupuncture series helped. Per a report dated 3/17/14, the claimant reports that back pain is 75% better with being off work and acupuncture. Per a progress report dated 4/8/14, the claimant had to help lift a 200lb pt and low back pain increased in severity. She is placed on modified duty. Per a report dated 6/26/14, the claimant had trigger points and acupuncture and a Toradol injection last week. She started acupuncture recently. Pain is worse in the last few weeks. Per a progress report dated 7/17/14, the claimant is stable and gradually improving. She is released to regular duty. Per a report dated 8/4/14, the claimant reports a back pain flare-up over the last couple days. She is still doing acupuncture. A trigger point injection was performed. She fell from chair while working and hyperextended left knee. Other prior treatment includes oral medication and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 x 3 for the low back: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines; Functional Improvement.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to evidenced based guidelines, further acupuncture visits after an initial trial are medically necessary based on documented functional improvement. "Functional improvement" means a clinically significant improvement in activities of daily living or a reduction in work restrictions, medication, or dependency on continued medical treatment. The claimant has had prior acupuncture of unknown quantity and duration. The last report indicates that the claimant is still undergoing acupuncture. It is unclear whether the claimant had functional improvement from the completion of her currently approved acupuncture visits. The claimant seems to have been able to return to work from flare-ups from prior acupuncture treatments. However, the claimant has many concurrent treatments including oral medication, physical therapy, and injections along with acupuncture during a flare-up. It is unclear whether acupuncture itself has any functional benefits for the claimant. Therefore the provider should submit a progress report with the completion of prior acupuncture with specific functional gains to justify medical necessity. Further acupuncture is not medically necessary with the submitted information.