

Case Number:	CM14-0065508		
Date Assigned:	07/11/2014	Date of Injury:	11/13/2011
Decision Date:	08/29/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	05/08/2014

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 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 45 year old male who reported neck and low back pain from an injury sustained on 11/13/11. Injury mechanism is not documented in the provided medical records. MRI of the lumbar spine on 06/08/13, revealed disc desiccation at L5-S1 with small focal disc bulge. EMG on 07/12/12 of the lower extremity revealed bilateral L5-S1 radiculopathy. Patient is diagnosed with sprain of neck and lumbar region, lumbosacral neuritis and depressive psychosis. Patient has been treated with medication, therapy and acupuncture. Per medical notes on 02/06/14, patient complains of low back pain with radiculopathy down the left leg. Medical notes on 03/12/14 the patient complains of persistent pain, stiffness to his neck, right knee and lumbar spine radiating down the leg with weakness, numbness tingling, tenderness and spasm with decreased range of motion. Notes on 04/04/14, patient has continued to utilize symptomatic medication as needed. The patient has ongoing complaint of pain and stiffness to his neck and low back with radiating pain down the right leg with numbness and tingling. Examination revealed tenderness to palpation over the paraspinal musculature. Patient has had prior acupuncture treatment. On 04/04/14 medical notes indicate he attended 12 sessions of acupuncture with significant improvement in the form of; decreased pain, increased range of motion, decreased radicular symptoms and increase in his ability to perform ADLs. His symptomology has begun to return to pre-acupuncture levels. Medical reports reveal evidence of changes and improvement in findings reveal patient has achieved 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:

Acupuncture two times a week for six weeks for the cervical and lumbar spine, #12:
Overturned

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Per MTUS 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 in adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Expected time to produce function improvement is 3 to 6 treatments with a Frequency of 1 to 3 times per week with optimum duration of 1 to 2 months. Acupuncture treatments may be extended if functional improvement is documented. 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, 12 acupuncture treatments are medically necessary.