

Case Number:	CM14-0066290		
Date Assigned:	07/11/2014	Date of Injury:	02/18/2012
Decision Date:	09/08/2014	UR Denial Date:	05/05/2014
Priority:	Standard	Application Received:	05/09/2014

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 21 year old male who reported low back pain from injury sustained on 02/18/12. Mechanism of injury is not documented in the provided medical records. MRI of the lumbar spine revealed degenerative disc and facet joint disease; status post laminectomy; disc protrusion at L3-4 and L4-5 with hypertrophic changes at facet joints; disc bulging at L5-S1 with moderate bilateral lateral recess and moderate neural foraminal stenosis. Patient is diagnosed with residual stenosis; status post L2-S1 laminectomy, foraminotomy and decompression (08/18/12); moderate to severe spinal stenosis and bilateral lower extremity radiculopathy. Patient has been treated with medication, surgery and acupuncture. Per medical notes dated 03/17/14, patient has had acupuncture and seems to be showing improvement with treatment. Last week he did have an episode of severe aggravation of his pain not only in his back but also in his legs and after he received a treatment of acupuncture the pain went from 10/10 to 7/10. Patient presents for reevaluation, still does get pain in his legs, more so on the left. He has difficulty with bilateral toe and heel walking due to a combination of pain as well as balance irregularity. 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.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 times a week for 6 weeks for lumbar spine: 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 has had prior acupuncture treatment. Patient had symptomatic relief with acupuncture however, 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. 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. 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, additional 12 acupuncture treatments are not medically necessary.