

Case Number:	CM14-0068317		
Date Assigned:	07/14/2014	Date of Injury:	01/22/2014
Decision Date:	08/14/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	05/13/2014

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 38 year old female who reported low back pain from injury sustained on 01/22/14 after carrying a 5 gallon water bottle. Radiographs of the lumbar spine revealed instability at L4-5 with flexion/extension. Magnetic resonance imaging (MRI) of the lumbar spine revealed loss of L4-5 height and disc desiccation; facet arthropathy and mild disc bulge. Patient is diagnosed with lumbago and degeneration of lumbar/ lumbosacral intervertebral disc degeneration. Patient has been treated with medication and therapy. Per medical notes dated 05/01/14, patient complains of low back pain that radiates to the left posterior superior iliac spine area. Pain is rated at 5/10. Patient states that physical therapy is helping but that the increase in frequency sessions in exacerbating her pain. Prolonged sitting aggravates the pain. Examination revealed bilateral tenderness to the lumbar spine paraspinal and left sacroiliac joint. There was decreased flexion and extension of the lumbar spine limited by pain. Primary physician is requesting initial trial of two times six acupuncture sessions which was modified to two times two by the utilization reviewer. Requested visits exceed the quantity of initial acupuncture visits supported by the cited guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture to the lumbar spine 2 x 6: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Per 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". The patient has not had prior Acupuncture treatment. Primary physician is requesting initial trial of 12 acupuncture treatments which was modified to 4 treatments by the utilization reviewer. Per guidelines 3-6 treatments are supported for initial course of Acupuncture with evidence of functional improvement prior to consideration of additional care. Requested visits exceed the quantity of initial acupuncture visits supported by the cited guidelines. Additional visits may be rendered if the patient has documented objective functional improvement. California Medical Treatment Utilization Schedule (MTUS)- Definition 9792.20 (f) 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. Per guidelines and review of evidence, 12 Acupuncture visits are not medically necessary.