

Case Number:	CM14-0072183		
Date Assigned:	07/16/2014	Date of Injury:	07/17/2008
Decision Date:	08/26/2014	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	05/19/2014

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 & 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 44-year-old female who reported low back pain from injury sustained on 07/17/14. A CT scan of the lumbar spine from 2011 revealed posterior spinal fusion at L4-S1 and artificial disc at L4-5; stable spondylosis of lower lumbosacral spine. The patient is diagnosed with low back pain, discogenic pain, lumbar degenerative disc disease, lumbar radiculitis, lumbar post laminectomy pain syndrome and chronic pain syndrome. The patient has been treated with surgery, disc replacement (2009) along with intralaminar decompression and foraminotomy (2010) and lumbar fusion (2011); medication; therapy and acupuncture. Per acupuncture progress notes dated 04/18/14, the patient reports having moderated pain in her low back radiating to right lower extremity with numbness and tingling. The patient states that she has been concerned about persistent physical weakness and pain. Pain is rated at 5/10. The patient states she had continued mild relief, which has been helpful for her activities of daily living. Per the medical records provided for review, she has shown functional improvement in the areas of pain, intensity, lifting and walking. The patient completed 6/6 acupuncture visits. The patient has had returning pain and spasm, which has been worse in the morning. The patient has had difficulty standing and walking for prolonged period due to low back pain and lower extremity pain. Per medical notes dated 06/19/14, patient has been having more pain. She complains of low back pain and bilateral leg pain. Leg pain is worsening. She has spasms on the right side of her low back and buttock. She has tenderness across the lower lumbar spine and in the right sciatic notch. Per medical notes dated 07/16/14, the patient complains of low back pain and bilateral leg pain. Her right hip and buttock are really hurting her today. Pain without medication is rated at 10/10 and with medication, it is 8/10. The patient completed 6/6 acupuncture visits. The provider is requesting an additional 6 acupuncture treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture one time a week for six weeks for Lumbar: Overturn

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to the MTUS Acupuncture Guidelines, "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 had prior acupuncture treatment. Per the acupuncture progress notes dated 04/18/14, the patient states she had continued mild relief, which has been helpful for her activities of daily living. According to the medical records provided for review, she has shown functional improvement in the areas of pain, intensity, lifting and walking. The patient completed 6/6 acupuncture visits. The medical records provided for review reveal evidence of changes and improvement in findings, revealing a patient who has achieved some objective functional improvement to warrant additional treatment. Additional visits may be rendered if the patient has documented objective functional improvement. As such, the request is medically necessary and appropriate.