

Case Number:	CM14-0073668		
Date Assigned:	07/16/2014	Date of Injury:	10/22/2002
Decision Date:	09/16/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	05/20/2014

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, 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 51 year old male who reported neck and low back pain from injury sustained on 10/22/02. Mechanism of injury was not documented in the provided medical records. There were no diagnostic imaging reports. Patient is diagnosed with low back pain, lumbar spine strain, lumbar spondylosis, lumbar radiculopathy, anxiety and depression. Patient has been treated with surgery, medication, physical therapy and acupuncture. Per medical notes dated 04/29/14, patient complains of low back pain. Severity level is moderate to severe. Pain radiates to the left leg. Pain is described as an ache, burning, deep, diffuse, discomfort, dull, numbness, piercing, sharp, shooting, stabbing, and throbbing, tightness and spasms. His symptoms are aggravated by ascending stairs, bending, daily activities, descending, and extension, flexion, lifting, pushing, standing and twisting. Symptoms are relieved by pain medication and therapy. Provider is requesting additional 12 acupuncture treatments which were modified to 6 by the utilization review. Per utilization review, pain was reduced by 50% and the patient was able to discontinue the use of cymbalta with acupuncture. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Patient hasn't had any long term symptomatic or functional relief with acupuncture care. 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 1 times a week for 12 weeks: 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. Provider is requesting additional 12 acupuncture treatments which were modified to 6 by the utilization reviewer. There is lack of evidence that prior acupuncture care was of any functional benefit. Per utilization review, patient reported 50% decrease in pain and was able to discontinue the use of cymbalta. 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 pain medication intake. Per review of evidence and guidelines, 12 Acupuncture Treatments are not medically necessary.