

Case Number:	CM14-0073852		
Date Assigned:	07/16/2014	Date of Injury:	09/15/2000
Decision Date:	09/16/2014	UR Denial Date:	05/02/2014
Priority:	Standard	Application Received:	05/21/2014

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 52 year old male who reported low back pain from injury sustained on 09/15/00. He was rolling a piece of castors under a unit when the patient lost control of the piece and grabbed it as it flipped over causing him low back pain. X-rays (03/11/14) of the lumbar spine revealed transitional lumbosacral anatomy with moderate diffuse degenerative changes. X-rays (03/11/14) of the AP pelvis and bilateral frog leg laterals revealed mild degenerative changes of bilateral hips. X-rays of bilateral feet and ankles revealed mild diffuse degenerative changes. Patient is diagnosed with status post right L5-S1 discectomy; status post left L4-5 discectomy; status post left sided revision and left foot drop. Patient has been treated with surgery, medication and therapy. Per medical notes dated 01/08/14, patient complains of aching pain in his low back, it is worse on the right side. He rates his pain 6-8/10. He complains of left foot pain with numbness of his toes. He is status post laminectomy and discectomy surgery. He states that his back pain has improved, but he continues to have weakness. Per medical notes dated 03/11/14, patient complains of low back pain with radicular symptoms to the left lower extremity to the foot and right buttock. Pain is aching and occasionally sharp, stabbing and burning pain that varies in intensity and is present all the time. Patient also complains of foot drop on the left and of numbness and tingling on the left. Provider is requesting aquatic therapy and home exercise program. Provider is also requesting acupuncture X6 which is within guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 times per week for 3 weeks: Overturned

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 not had prior Acupuncture treatment. Per guidelines 3-6 treatments are supported for initial course of Acupuncture with evidence of functional improvement prior to consideration of additional care. Provider is requesting initial trial of 6 acupuncture treatments which are within guidelines. Patient is post op and per guidelines acupuncture is used as an option to hasten the functional recovery. Provider is requesting 12 aquatic therapy sessions concurrently and is assigning home exercise program. Additional visits may be rendered if the patient has documented objective functional improvement. 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, 6 Acupuncture visits are medically necessary.