

Case Number:	CM14-0074037		
Date Assigned:	07/16/2014	Date of Injury:	03/06/2012
Decision Date:	08/25/2014	UR Denial Date:	04/25/2014
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 a licensed Chiropractor and Acupuncturist 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 male who reported low back pain from injury sustained on 03/06/12. Patient was in a squatting position when he was struck by the front wheels of a forklift causing him to fall backwards onto his buttock. MRI of the lumbar spine revealed multilevel disc protrusions. Patient is diagnosed with lumbar sprain. Patient has been treated with medication and therapy. Per medical notes dated 01/17/14, patient complains of burning, radicular low back pain. He has muscle spasms that are frequent to constant. Examination revealed decreased range of motion. Patient states that the symptoms persist but medications do offer him temporary relief of pain and improve his ability to have restful sleep. Per medical notes dated 01/22/14, patient complains of burning, radicular low back pain and muscle spasms. Pain is rated at 6-7/10. He describes the pain as constant and frequent. Examination reveals tenderness to palpation of bilateral gluteus maximus and bilateral posterior superior iliac spine (PSIS), lumbar paraspinal guarding and decreased range of motion of the lumbar spine. Provider is requesting initial trial of 6 acupuncture treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 3 x week x 2 weeks for the Lumbar Spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Per MTUS Acupuncture Medical Treatment 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. Patient has not had prior Acupuncture treatment. Per medical notes dated 01/22/14, patient complains of burning, radicular low back pain and muscle spasm; pain is rated at 6-7/10. Per request for authorization for medical treatment dated 02/14/14, provider is requesting initial 6 acupuncture therapy. Additional visits may be rendered if the patient has documented objective functional improvement. MTUS - Definition of 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.