

Case Number:	CM14-0074558		
Date Assigned:	07/16/2014	Date of Injury:	05/23/2013
Decision Date:	11/19/2014	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	05/22/2014

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 Physical Medicine and Rehabilitation, 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:

This 48 year-old patient sustained an injury on 5/23/13 from lifting and unloading a box while employed by [REDACTED]. Request(s) under consideration include Acupuncture for the lumbar spine, 3 times a week for 4 weeks, QTY: 12. Diagnoses include sciatica. Conservative care has included physical therapy (16 authorized visits) and acupuncture (6 sessions), medication, and modified activities/rest. MRI of the lumbar spine dated 6/26/13 and 10/15/13 showed spondylosis, L4-5 annular tear with broad-based disc bulge. Report of 3/26/14 from the provider noted the patient with lower back pain with right buttock, posterior thigh, and leg pain with paresthesia. Exam showed limited flexion of 50%; negative quadrant test; global diffuse non-dermatomal numbness/paresthesia distal to knee; normal myotomal motor function; positive SLR at 45 degrees on right with negative Patrick's and normal hip mobility. Assessment noted "Right lumbar discogenic pain with right lower extremity radiculitis; MRI documents no evidence of neural compression." The patient was placed on TPD of 25 pounds lifting limitation without prolonged standing or repetitive waist bending. Report of 4/30/14 from the provider noted the patient with ongoing chronic right lower back pain radiating to the right lower extremity associated with sensation of pins and needles. Exam of the lumbar spine showed limited range of motion; positive SLR. The request(s) for Acupuncture for the lumbar spine, 3 times a week for 4 weeks, QTY: 12 was modified for 6 sessions on 5/8/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for the lumbar spine, 3 times a week for 4 weeks, QTY: 12: Upheld

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, Chronic Pain Treatment Guidelines Page(s): 8-9.

Decision rationale: MTUS, Acupuncture Guidelines recommend initial trial of conjunctive acupuncture visit of 3 to 6 treatment with further consideration upon evidence of objective functional improvement. Review indicated the patient has received at least 6 prior sessions of acupuncture with recent additional 6 sessions for total of 12; however, submitted reports have not clearly demonstrated any functional benefit or pain relief derived from prior treatment and have not demonstrated medical indication to support for additional acupuncture sessions. There are no specific objective changes in clinical findings, no report of acute flare-up or new injuries, nor is there any decrease in medication usage from conservative treatments already rendered. The Acupuncture for the lumbar spine, 3 times a week for 4 weeks, QTY: 12 are not medically necessary and appropriate.