

Case Number:	CM14-0075026		
Date Assigned:	07/16/2014	Date of Injury:	05/31/2012
Decision Date:	08/14/2014	UR Denial Date:	05/19/2014
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 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 53 year old female who reported low back and hip pain from injury sustained on 05/31/12 after she fell off a chair. MRI (2012) of the lumbar spine revealed mild left foraminal stenosis at L3-4 with mild bilateral stenosis. Electrodiagnostic imaging revealed moderate acute S1 radiculopathy on the right. Patient is diagnosed with thoracic/lumbosacral neuritis/ radiculitis. Patient has been treated with medication, therapy and Acupuncture (18). Per medical notes dated 01/09/14, patient complains of low back pain rated at 3/10. Acupuncture treatment has been effective. Per medical notes dated 04/28/14, patient complains of low back pain and hip pain rated at 7/10. Medications are helping with the pain. Examination revealed antalgic gait, restricted range of motion. Patient is temporarily totally disabled. Per medical notes dated 06/26/14, patient complains of low back and hip pain rated 10/10. Pain is characterized as aching. She states that medication is helping. Patient reports increased numbness and tingling in right leg since she hasn't had acupuncture. Patient was able to bend, sit longer and was taking less medication 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. 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.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 8 visits: 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. Patient had a total of 18 acupuncture treatments per utilization review. Per medical records dated 04/28/14, patient complains of low back and hip pain rated at 7/10. Per medical notes dated 06/26/14, patient complains of low back pain and left hip pain rated 10/10. She reports increased numbness and tingling in right leg since she hasn't had acupuncture. She reports that she was able to bend, sit longer and was taking less medication with acupuncture. Medical records reports same medication intake in all notes. There is no assessment in the provided medical records of objective 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. Per review of evidence and guidelines, 8 acupuncture treatments are not medically necessary.