

Case Number:	CM14-0075320		
Date Assigned:	07/16/2014	Date of Injury:	07/15/2011
Decision Date:	08/22/2014	UR Denial Date:	05/23/2014
Priority:	Standard	Application Received:	05/23/2014

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 49 year old male who reported low back pain from injury sustained on 07/15/11. X-rays of the lumbar spine is unremarkable. MRI of the lumbar spine is normal. Electro-diagnostic studies revealed mild right lumbar radiculopathy of L5-S1. Patient is diagnosed with Lumbar radiculopathy; low back pain and strain of thoracic region. Patient has been treated with medication, therapy, epidural injection and acupuncture. Per medical notes dated 01/20/14, patient has pain in his low back with pronged walking. Patient has intermittent numbness in the right lower extremity and still has right lower extremity weakness. Per medical notes dated 02/10/14, patient complains of low back pain. He says that off all the conservative therapy he had, he feels that acupuncture was most beneficial. Per medical notes dated 03/10/14, patient complains of low back pain, he states that acupuncture has been helpful. Per medical notes dated 04/07/14, patient complains of low back pain and discomfort. Patient reports that he was feeling better and then he did not receive any more acupuncture; he was "doing good and not taking any medication", however his back pain has reoccurred. 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 therapy visits 2x4 QTY: 8 visits: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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. Per medical notes patient reported that he was feeling better and then he did not receive any more acupuncture; he was "doing good and not taking any medication" , however his back pain has reoccurred. 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. Provider requested additional 8 acupuncture treatments which were modified to 6 acupuncture treatments by the utilization reviewer. Based on the medical records patient has had 18 acupuncture sessions and total of 24 treatments are supported by cited guidelines. Requested visits exceed the quantity of initial acupuncture visits supported by the cited guidelines. Per review of evidence and guidelines, 8 acupuncture treatments are not medically necessary.