

Case Number:	CM14-0079651		
Date Assigned:	07/18/2014	Date of Injury:	02/11/2009
Decision Date:	08/25/2014	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	05/30/2014

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, has a subspecialty in 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 patient is a 69 year old male with a date of injury of 2/11/2009. According to the report dated 1/21/2014, the patient complained of back and lower extremity symptoms. The patient stated that the lumbar epidural steroid injection on 6/20/2013 provided him with greater than 50% pain relief to the lower back along with the radicular symptoms in the lower extremities. The effect was noted to last close to three months. The patient is able to keep his Norco down to a minimum from 4 tablets a day to 2 tablets a day. The significant objective findings include antalgic gait favoring the right lower extremity, mild leg length discrepancy on the right, tenderness to the posterior lumbar musculature, increase muscle rigidity, and trigger points throughout lumbar paraspinal muscles. There was restricted range of motion in the lumbar spine, 1/4 deep tendon reflex in the bilateral Achilles tendon, and 5/5 muscle strength in the lower extremity. There was decreased sensation along the posterolateral thigh and posterolateral calf on the left near the L5-S1 dermatome. The patient was diagnosed with lumbar degenerative disc disease with bilateral lower extremity radiculopathy, degenerative spondylolisthesis at L5-S1 with possible pars defect, right knee internal derangement, status post total hip replacement 3/26/2009, umbilical hernia, and medication induced gastritis.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of Acupuncture Therapy to the lumbar spine 2x for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Acupuncture Medical Treatment Guideline recommends acupuncture for chronic pain. It recommends an initial trial of 3-6 visits to produce functional improvement. The guideline states that acupuncture treatments may be extended if there is documentation of functional improvement. There was no evidence that the patient completed acupuncture care in the past. The provider had requested 12 acupuncture sessions and the utilization reviewer approved 6 out of the 12 requested sessions. There was no documentation of the outcome of the 6 approved acupuncture visit. Therefore additional acupuncture treatments are not medically necessary. The provider's request for 12 acupuncture sessions is not medically necessary at this time without documentation of functional improvement from the initial trial.