

Case Number:	CM14-0083089		
Date Assigned:	07/21/2014	Date of Injury:	10/03/2012
Decision Date:	09/08/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/03/2014

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 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 47 year old male who reported low back pain from injury sustained on 10/03/12 due to cumulative trauma. X-rays of the lumbar spine revealed degenerative disc disease. MRI of the lumbar spine revealed multilevel disc protrusion with central canal stenosis. Injured worker is diagnosed with lumbar radiculopathy, lumbar disc protrusion, spinal stenosis, depression and insomnia. Injured worker has been treated with medication, physical therapy, epidural injection and acupuncture. Per medical notes dated 01/08/14 injured worker complains of continued low back pain radiating down to left lower extremity. He reports that his pain is the same as it was previously. He states that acupuncture and medications are helping to relieve his pain symptoms. Per medical notes dated 03/03/14, injured worker complains of low back pain. Pain is rated at 6-7/10. He states that he still experiences constant pain which increases with activity and is minimally improved with rest. He also states his range of motion is decreasing. He notes that acupuncture, injection and medications have helped alleviate his pain. Per medical notes dated 03/31/14, injured worker reports constant pain. Injured worker states that the medications continue to provide only minimal benefit. He states that he received an injection which did relieve his pain. Provider is requesting addition 12 acupuncture visits. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Injured worker 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 an injured worker 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:

Twelve (12) additional Acupuncture sessions: 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 functional 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. Injured worker has had 20 acupuncture treatments. Provider is recommending additional 12 sessions for the lumbar spine. Injured worker reported symptomatic relief with acupuncture treatment; however, there is lack of evidence that prior acupuncture care was of any functional benefit. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Medical reports reveal little evidence of significant changes or improvement in findings, revealing an injured worker who has not achieved significant objective functional improvement to warrant additional treatment. 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 or decrease in medication intake. Per review of evidence and guidelines, 12 additional acupuncture treatments are not medically necessary.