

Case Number:	CM14-0085227		
Date Assigned:	07/23/2014	Date of Injury:	04/18/2012
Decision Date:	09/12/2014	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	06/06/2014

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, has a subspecialty in Interventional Spine 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 65 year old female with an injury date of 04/18/12. Based on the 04/30/2014 progress report provided by Dr. [REDACTED], M.D., the patient complains of low back pain. On examination of the lumbar spine, there is tenderness of the paraspinal muscle from L4/5 to L5/S1 bilaterally. There is also a limited lumbar range of motion and a positive facet joint maneuver. MRI 9/12/12 noted mild bilateral degenerative facet changes seen scattered throughout the lumbar spine. Her diagnoses include the following: Low back pain; Degenerative lumbar disc; Bulging disc; Herniated Nucleus Pulposus; Spinal stenosis; Lumbar facet joint syndrome. Dr. [REDACTED] is requesting for Acupuncture 8 sessions for the lower back. The utilization review determination being challenged is dated 05/12/14. Dr. [REDACTED] is the requesting provider and provided treatment reports from 03/19/14 to 04/30/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 8 sessions to low back: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to the 04/30/14 report by Dr. [REDACTED], the patient presents with low back pain, degenerative lumbar disc, bulging disc, HNP, spinal stenosis, and lumbar facet joint syndrome. The request is for acupuncture 8 sessions for the lower back. The treater's report from 4/30/14 indicates that the patient's prior acupuncture treatments resulted in pain relief and functional gains as well as reduced narcotics intake. According to MTUS guidelines, the patient is allowed an initial trail of 3 to 6 treatments and more with demonstration of functional improvements. In this patient, while the treater states that the patient is improved, there are no specific ADL's (activities of daily living) and actual review of the reports from 3/19/14 to 4/30/14 do not show any reduction of medication use. Recommendation is that the request is not medically necessary.