

Case Number:	CM14-0089054		
Date Assigned:	07/23/2014	Date of Injury:	07/14/1999
Decision Date:	08/27/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	06/13/2014

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 56 year old male who reported low back pain from injury sustained on 07/14/99. Patient was crushed in a construction excavation and was pinned by shoring plates. MRI (02/21/14) revealed prominent irregular disc bulges along with hypertrophied degenerative changes through mid lumbar level; central canal stenosis at L4-5; moderate-severe neural foraminal narrowing on the left L3-4 and bilateral L4-5. Patient is diagnosed with pain in joint-thigh, and Lumbar spine fracture-healed. Patient has been treated with medication and acupuncture. Per medical notes dated 01/08/14, patient complains of low back pain that is almost constant and will flare-up at times. He notes pain along the lower lumbar spine. Pain is described as achy and he denies radiation. He denies numbness/ tingling in his low back. Pain is rated at 5-8/10. He complains of numbness in his left lower extremity. He recalls acupuncture was very helpful to him in the past. Per medical notes dated 05/28/14, patient complains of low back, right hip and anterior groin pain. Patient continues to report of low back pain radiating into his left lower extremity down to the calf and the foot with associated numbness and tingling. He also reports having right hip pain. Provider requested 12 acupuncture treatments which were modified to 6 by the utilization reviewer. Additional visits may be rendered if the patient has documented objective functional improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 times a week for 6 weeks: 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. Medical notes suggest that the patient had improvement with prior acupuncture. Provider is requesting 12 acupuncture sessions which were modified to 6 per the utilization reviewer. Per guidelines 3-6 treatments are supported for trial of Acupuncture with evidence of functional improvement prior to consideration of additional care. Requested visits exceed the quantity of acupuncture visits supported by the cited guidelines. 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 or decrease in medication intake. Per review of evidence and guidelines, 12 acupuncture treatments are not medically necessary.