

Case Number:	CM14-0090978		
Date Assigned:	07/25/2014	Date of Injury:	02/15/2014
Decision Date:	08/28/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/16/2014

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 51 year old male who reported low back, mid back and shoulder pain from injury sustained on 02/15/14 after he was pushed, causing him to fall on his back. MRI of the lumbar spine revealed multiple level degenerative disc disease. MRI of the thoracic spine was unremarkable. Radiographs of the shoulder were unremarkable. Radiographs of the thoracic and lumbar spine revealed degenerative changes. Patient is diagnosed with chronic thoracic/lumbar spine pain; myofascial pain syndrome and lumbar spinal stenosis. Patient has been treated with medication, acupuncture and therapy. Per medical notes dated 04/23/14, patient reports 9/10 low back pain radiating down the right leg to the thigh with occasional tingling. Per medical notes dated 05/21/14, he reports slight improvement with therapy and acupuncture treatments. He has several more treatments arranged next week. He complains of pain in the low back primarily, also pain in the mid back and in the wrist region. Examination revealed range of motion 90% with pain at extreme of motion. No palpable or visual spasms notes. Patient is anticipated to return to full duty in 2 weeks, as he has completed the acupuncture treatment. Provider is requesting additional 6 acupuncture visits. 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 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 2 times per week for 3 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 pages 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 dated 05/21/14, he reports slight improvement with therapy and acupuncture treatment. 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. 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, 2 times 3 acupuncture treatments are not medically necessary.