

Case Number:	CM14-0091996		
Date Assigned:	07/25/2014	Date of Injury:	07/22/2013
Decision Date:	10/03/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	06/20/2014

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, 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 injured worker is a 56 year old male who reported low back pain from injury sustained on 07/22/13. He was inside a walk-in cooler when a cart of food fell on him. Electrodiagnostic studies revealed chronic left S1 radiculopathy. MRI of the lumbar spine revealed disc protrusion and disc bulges. Patient is diagnosed with Lumbar discopathy and radiculopathy. Patient has been treated with medication, therapy, epidural injection and Acupuncture. Per medical notes dated 12/03/13, patient complains of persistent pain in the low back that radiates to the lower extremity with numbness and tingling. Examination revealed tenderness from mid to distal lumbar segments and pain with terminal motion. Per medical notes dated 02/11/14, patient complains of persistent pain of the lumbar spine that radiates to the lower extremity with numbness and tingling. Examination revealed tenderness from mid to distal lumbar segments, pain with terminal motion and dysesthesia at L5 and S1 dermatome. Per medical notes dated 04/22/14, patient complains of continued low back pain with right lower extremity radiation. Patient has completed 14 Acupuncture visits; provider is requesting additional 2X4 sessions. 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 two (2) times a week for four (4) weeks, lumbar spine: 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. Provider is requesting additional 2X4 acupuncture treatments. 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 a patient who has not achieved significant objective functional improvement to warrant additional treatment. 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, 2x4 Acupuncture Treatments are not medically necessary.