MAXIMUS Federal Services

Case Number:	CM14-0098930		
Date Assigned:	07/28/2014	Date of Injury:	02/11/2011
Decision Date:	09/09/2014	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	06/27/2014

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 Chiropractic & 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 32 year old male who reported low back pain from injury sustained on 02/11/11. He was picking up a piece of pipe, lost his grip which caused injury to his low back. MRI of the lumbar spine revealed extruded disc at L3-4, L4-5 and L5-S1 at each level there was impingement of the thecal sac and compression of cauda equina. MRI of the lumbar spine (2012) revealed changes to bilateral laminectomy at L4, L5, S1; 6mm disc extrusion at L3-4; 7mm disc protrusion at L4-5; 11mm extruded disc fragment. Patient is diagnosed with cauda equina syndrome. The patient has been treated with surgery (2011 and 2013); medication; therapy and extensive acupuncture. Per acupuncture progress noted dated 04/01/14, patient complains of low back pain that goes into his legs. He has numbness along his lower leg. Pain prior to treatment was 6/10 and after treatment it is 5/10. Per acupuncture progress notes dated 05/06/14, patient complains of low back pain, decreased in intensity, spasm and tightness along the lumbar spine. Per medical notes dated 06/10/14, patient complains of low back pain that goes into his legs, knees, worse on the right side. Patient reports decrease in his pain level from 6/10 to 3/10. Patient feels more flexible and able to move more. Patient is able to walk longer and is trying to avoid another surgery. Patient continues to have pain and flare-ups. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Patient 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 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:

12 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 the MTUS Acupuncture Guidelines, "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". The patient has had prior acupuncture treatment. Per medical notes dated 06/10/14, the patient reports decrease in his pain level from 6/10 to 3/10; he feels more flexible and able to move more. The patient is able to walk longer. There is lack of evidence that prior acupuncture care was of any functional benefit. The patient has had extensive acupuncture treatments. Medical records discuss functional improvement but not in a specific and verifiable manner consistent with the definition of functional improvement as stated in guidelines. 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. Per a review of evidence and guidelines, an additional 12 acupuncture treatments are not medically necessary.