

Case Number:	CM13-0000450		
Date Assigned:	05/14/2014	Date of Injury:	01/24/2013
Decision Date:	04/13/2015	UR Denial Date:	05/10/2013
Priority:	Standard	Application Received:	05/22/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Oriental Medicine

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 sustained an industrial injury on January 24, 2013. He reported a low back injury. The injured worker was diagnosed as having lumbar strain and spasms. Treatment to date has included work restrictions, physical therapy, medications, and acupuncture. Currently, the injured worker complains of continued low back pain. The records indicate on April 15, 2013 he had at least 5 completed acupuncture visits, with noted decrease in pain and increase in activities of daily living. A May 8, 2013 magnetic resonance imaging of the lumbar spine reveals disc bulging, annulus rupture, and disc desiccation. A physician progress report on May 9, 2013, indicates there is significant flare of the low back pain with radiation into the thigh. Physical findings are noted as negative straight leg raise testing, full motor strength, and reflexes within normal limits. The treatment plan included additional acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

SIX (6) SESSIONS OF ACUPUNCTURE FOR THE LOW BACK: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: After undergoing six acupuncture sessions, the benefits reported at session 6/6 were: "patient improved 40%, patient is not responding as expected, pain complains are 2/10." The guidelines note that the amount of acupuncture to produce functional improvement is 3 to 6 treatments. The same guidelines read extension of acupuncture care could be supported for medical necessity "if functional improvement is documented as either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment." Six acupuncture sessions were already performed with no documented functional improvement (quantifiable response to treatment) to support the reasonableness and necessity of the additional acupuncture requested. Also the patient pain complains are minimal (VAS 2/10) with no clear functional deficits for the acupuncture to address. Therefore, the additional acupuncture x 6 is not supported for medical necessity.