

Case Number:	CM14-0101470		
Date Assigned:	07/30/2014	Date of Injury:	02/11/2009
Decision Date:	01/07/2015	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	07/01/2014

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 69 year old male who reported low back pain from injury sustained on 02/11/09. Mechanism of injury is not documented in the provided medical records. MRI of the lumbar spine revealed 4.5mm disc protrusion and moderate left neural foraminal narrowing. Patient is diagnosed with lumbar degenerative disc disease; degenerative spondylolisthesis at L5-S1; right knee internal derangement; status post total hip replacement. Patient has been treated with medication, surgery, epidural injection, chiropractic, acupuncture. Per medical notes dated 05/22/14, patient has been experiencing increasing pain in the low back which radiates down to bilateral lower extremity. He rates his pain at 6/10. Examination revealed stiffness, antalgic gait favoring the right lower extremity. There is tenderness to palpation of lumbar musculature and numerous palpable trigger points. Patient has had prior Acupuncture treatment; however, he has not had acupuncture in the past 3 years. Provider requested 2X6 which were modified to 2X3 by the utilization reviewer.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for the lumbar spine, two (2) times weekly for six (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; however, he has not had acupuncture in the past 3 years. Provider requested 2X6 which were modified to 2X3 by the utilization reviewer. Per guidelines 3-6 treatments are supported for initial course of Acupuncture with evidence of functional improvement prior to consideration of additional care. Requested visits exceed the quantity of initial acupuncture visits supported by the cited guidelines. Additional visits may be rendered if the patient has documented objective functional improvement. MTUS- Definition 9792.20 (f) 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. Per guidelines and review of evidence, 12 Acupuncture visits are not medically necessary.