

Case Number:	CM14-0167303		
Date Assigned:	10/14/2014	Date of Injury:	03/14/2014
Decision Date:	02/25/2015	UR Denial Date:	10/10/2014
Priority:	Standard	Application Received:	10/10/2014

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. 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: Chiropractor, 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 39 year old male who reported low back pain from injury sustained on 03/14/14 when a garage door collapsed and struck the patient on the head. Patient is diagnosed with lumbago. Patient has been treated with medication, physical therapy, and acupuncture. Per acupuncture progress notes dated 06/25/14, patient reports low back pain rated at 6/10. After treatment, pain level decreased for about 3 days. He feels numbness and tingling constantly from low back pain radiating down to the hip area about 1-2 times/day. The range of motion has increased in the neck and low back area. Patient mentions there is 25% improvement on the strength after 6 visits. Provider requested additional acupuncture which was non-certified by the utilization review. Therefore, the Utilization Review decision was appealed for an Independent Medical Review. Medical records discuss functional improvement but not in a specific and verifiable manner consistent with the definition of functional improvement as stated in guidelines. The documentation fails to provide baseline of activities of daily living and examples of improvement in activities of daily living as result of acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Acupuncture: 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". Injured worker has had prior acupuncture treatment. Per acupuncture progress notes dated 06/25/14, after treatment pain level decreased for about 3 days; injured worker mentions there is 25% improvement on the strength after 6 visits. Provider requested additional acupuncture which was non-certified by the utilization review. Medical records discuss functional improvement but not in a specific and verifiable manner consistent with the definition of functional improvement as stated in guidelines. The documentation fails to provide baseline of activities of daily living and examples of improvement in activities of daily living as result of acupuncture. 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 injured worker who has not achieved significant objective functional improvement to warrant additional treatment. Additional visits may be rendered if the injured worker 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, additional acupuncture treatments are not medically necessary.