

Case Number:	CM14-0174287		
Date Assigned:	10/24/2014	Date of Injury:	04/11/2014
Decision Date:	01/07/2015	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/20/2014

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 Board Certified 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 40 year old male who reported low back and left hip pain from injury sustained on 04/11/14 when he fell from a ladder. Patient is diagnosed with lumbar spine sprain/strain; lumbar radiculopathy; left hip internal derangement. Per medical notes dated 06/25/14, patient complains of intermittent moderate sharp low back pain and stiffness radiating to bilateral legs with numbness and tingling. Patient complains of frequent moderate dull, achy left hip pain and stiffness. Examination revealed tenderness to palpation of the bilateral SI joints, coccyx, lumbar paravertebral muscles and sacrum. Per medical notes dated 07/23/14, patient complains of intermittent moderate sharp low back pain and stiffness radiating to bilateral legs with numbness and tingling. Patient complains of frequent moderate dull, achy left hip pain and stiffness. Provider requested acupuncture 1x6 for lumbar spine which was denied by the utilization review on 09/29/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 1 x week x 6 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". It is unclear if the patient has had prior Acupuncture treatment or if the request is for initial trial of care. Provider requested 1X6 acupuncture treatments which were denied by the utilization review on 09/29/14. Acupuncture is used as an option when pain medication is reduced or not tolerated, which was not documented in the provided medical notes. Per guidelines 3-6 treatments are supported for initial course of Acupuncture with evidence of functional improvement prior to consideration of additional 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 (if any previously administered). Per guidelines and review of evidence, 1x6 acupuncture visits are not medically necessary.