MAXIMUS Federal Services

Case Number:	CM14-0176732		
Date Assigned:	11/20/2014	Date of Injury:	01/06/2014
Decision Date:	01/08/2015	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/24/2014

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 Family Medicine, and is licensed to practice in Ohio. 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 62-year-old male with a date of injury of January 6, 2014. He was in a low-speed motor vehicle accident can evidently re-aggravated his long-standing bilateral shoulder and low back pain. He had already been taking naproxen and diazepam specifically for as low back pain and is known to have multilevel herniated lumbar discs. The physical exam revealed mild decrease in lumbar extension, normal lower extremity neurologic findings, and tenderness to palpation of both shoulders with mildly reduced range of motion of both shoulders. There is a positive Neer's, Hawkin's, and Yeargason's test on the left. He has mild tenderness and spasm of the lumbar paraspinal musculature. He was referred for 6 sessions of physical therapy and acupuncture. At the completion of acupuncture, he reported his back pain improved by 50%. His activities of daily living were not terribly impaired before physical therapy/acupuncture and there was no change following those visits. He was terminated from his job following the injury. The diagnoses include chronic lumbar disc herniation L2-L4, lumbosacral sprain/strain, degenerative disc disease and facet disease of the lumbar spine, partial right-sided rotator cuff tear, and full thickness left-sided rotator cuff tear. The previous utilization review physician denied a request for additional acupuncture treatments because there was no demonstrated functional improvement as evidenced by no return to work and no reduction in medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electro Acupuncture, Myofascial Release 2 x 3 for the low back.: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Acupuncture

Decision rationale: Acupuncture is recommended as an option for chronic low back pain using a short course of treatment in conjunction with other interventions. Acupuncture has been found to be more effective than no treatment for short-term pain relief in chronic low back pain, but the evidence for acute back pain does not support its use. These authors have reported that acupuncture provides a greater effect than sham treatment, while others have reported non-significant differences between the two modalities. In this latter case, both modalities were shown to be more effective than no treatment. Acupuncture has not been found to be better than other treatment (either conventional or alternative) in terms of pain or function. Acupuncture has been shown to add to the treatment effect of conventional therapy (improving pain and function) when compared to conventional therapy alone. The Official Disability Guidelines allow for an initial trial of 3-4 visits over 2 weeks for low back pain.With evidence of objective functional improvement, total of up to 8-12 visits over 4-6 weeks (Note: The evidence is inconclusive for repeating this procedure beyond an initial short course of therapy.) In this instance, the injured worker already had near normal functionality. There does not appear to have been a reduction in pain medications. The injured worker was fired at the time of injury. Consequently, it cannot be said that there has been an improvement in functionality as a result of the initial 6 acupuncture visits. Therefore, electro acupuncture, myofascial release 2 x 3 for the low back is not medically necessary per the referenced guidelines.