

Case Number:	CM14-0181180		
Date Assigned:	11/05/2014	Date of Injury:	06/05/2014
Decision Date:	01/23/2015	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/31/2014

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 Physical Medicine Rehabilitation 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 patient is a 44-year-old male who has submitted a claim for lumbar intervertebral disc disorder with myelopathy, lumbar sprain / strain, and sacral sprain / strain associated with an industrial injury date of 6/5/2014. Medical records from 2014 were reviewed. The patient complained of low back pain radiating to the right lower extremity aggravated by bending and prolonged walking greater than 15 minutes. Physical examination showed limited and painful lumbar motion, positive Milgram's test, positive Kemp's test, hypertonicity of paralumbar muscles, and positive straight leg raise test at the right. Treatment to date has included chiropractic care, activity restrictions and medications. The utilization review from 9/30/2014 denied the request for acupuncture x 6 for lower back area because the patient had been simultaneously certified for chiropractic care and multiple treatments are not recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture x 6 for lower back: Overturned

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: CA MTUS Acupuncture Medical Treatment Guidelines state that acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Acupuncture treatments may be extended if functional improvement is documented. The frequency and duration to produce functional improvement is 3 - 6 treatments, frequency of 1 - 3 times per week, and duration of 1 - 2 months. It may be extended if functional improvement is documented. In this case, the patient complained of low back pain radiating to the right lower extremity aggravated by bending and prolonged walking greater than 15 minutes. Physical examination showed limited and painful lumbar motion, positive Milgram's test, positive Kemp's test, hypertonicity of paralumbar muscles, and positive straight leg raise test at the right. His symptoms persisted despite chiropractic care, activity restrictions and medications, hence the request for acupuncture. Therefore, the request for acupuncture x 6 for lower back is medically necessary.