

Case Number:	CM14-0183820		
Date Assigned:	11/10/2014	Date of Injury:	09/12/2008
Decision Date:	01/05/2015	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	11/04/2014

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 Occupational Medicine and is licensed to practice in New York and North Carolina. 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:

This patient, a 31 year old woman, states she was injured 9/12/2008 while working as a customer service agent for an airline carrier, where she had worked for 8 years. She was working in the baggage claim department, picking up luggage weighing 20 lb more than it was labeled as weighing. She had a popping sensation and immediate severe low back pain. She was treated with medication, physical therapy and chiropractic care, which made her back feel worse. An MRI showed disc bulges. She had an epidural injection on 6/7/11, which was complicated by a "stroke," per the patient, requiring the use of a walker and additional physical therapy following an almost 2-week hospitalization. An MRI on 6/14/11 from the brain, neck, thoracic and lumbar spine showed relatively mild changes throughout the spine. The lumbar spine showed an annular disc bulges at L5-S1, slightly eccentric to the left with mild to moderate neuroforaminal narrowing bilaterally. On updated lumbar MRI 4/16/13, she was noted to have 1-2 mm diffuse posterior disc bulges at L3-4, L4-5 and L5-S1. The latter showed narrowing of the anterior thecal sac. Spine consultation 8/31/12 noted that she retired in July 2009. He felt she had disc degeneration and collapse at L5-S1. He noted that she was fearful of any additional injections and noted that she would be a candidate for an artificial disc replacement. She has now had chronic low back and neck pain. A Discogram was also requested and denied. On 10/17/14, peer review found acupuncture to not be medically necessary because the patient shows no evidence of seeking physical rehabilitation or surgical intervention.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2x6 cervical/lumbar: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The CA MTUS defines when and how long acupuncture may be used to manage pain. They 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 can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. Per the MTUS acupuncture guidelines, the frequency and duration of acupuncture or acupuncture with electrical stimulation may be performed as follows: (1) Time to produce functional improvement: 3 to 6 treatments. (2) Frequency: 1 to 3 times per week. (3) Optimum duration: 1 to 2 months. Acupuncture treatments may be extended if functional improvement is documented. The denial of acupuncture is based, at least in part, on there being no documentation of intention to participate in physical rehabilitation. However, it is not an absolute that that or surgery is required for acupuncture to be found to be medically necessary. It can be used to reduce pain and inflammation, for instance, without rehabilitation or surgery being required. However, no rationale has been provided regarding the goal of acupuncture treatment. It is presumed to decrease pain, but not explicitly stated. Nor is there an indication of the functional goals of this patient with acupuncture, which must be demonstrated by 6 treatments in order to continue treatment. As such, the request is not medically necessary.

Pain management consult cervical/lumbar: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7 Consultation

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7, page 127

Decision rationale: The ACOEM Guidelines note that consultation can be obtained to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability and permanent residual loss and/or the examinee's fitness for return to work. A consultant is usually asked to act in an advisory capacity but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient. There has been no indication of why the consultation is being sought. The request is not medically necessary.