

Case Number:	CM14-0185663		
Date Assigned:	11/13/2014	Date of Injury:	09/29/2013
Decision Date:	01/30/2015	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	11/06/2014

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 Chiropractor (DC), 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:

This is a 43 year old female who suffered a work related injury on 09/29/2013. Diagnoses include chronic lumbar myofascial pain syndrome, piriformis syndrome, right and lower extremity radiculitis. Treatment has included medications, acupuncture, and physical therapy. The primary physician progress note dated 09/19/2014 documents the injured worker continues to complain of severe spasm in her low back, causing pain and radicular symptoms into her right lower extremity. She rates her pain as 7 out of 10. On examination there are severe lumbar paraspinal and gluteal spasms, more so on the right. Painful loss of range of motion, positive Yeoman's, positive Erickson's, positive sciatic notch test right greater than the left and positive Patrick's Fabere, for low back pain only. The injured worker is presently not working. Treatment request is for acupuncture 2 times 4 to the lumbar back. Utilization Review on 10/08/2014 non-certified the request for acupuncture 2 times 4 to the lumbar spine citing California Medical Treatment Utilization Schedule-Acupuncture Medical Treatment Guidelines. Objective evidence of functional improvement with prior acupuncture treatment must be documented before continued acupuncture treatment is considered appropriate. Reports reviewed failed to document any functional gains or other improvements that have been achieved.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 x 4 to the 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". Patient has had prior acupuncture treatment. 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 patient who has not achieved significant objective functional improvement to warrant additional treatment. Additional visits may be rendered if the patient 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. Requested visits exceed the quantity supported by cited guidelines. Per review of evidence and guidelines, 2x4 acupuncture treatments are not medically necessary.