

Case Number:	CM14-0187017		
Date Assigned:	11/17/2014	Date of Injury:	11/01/1982
Decision Date:	01/05/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/10/2014

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 68 year old female who reported low back pain from injury sustained on 11/01/82 after lifting heavy boxes and a fall. Injured is diagnosed with lumbar sprain/strain; spinal stenosis lumbar region without neurogenic claudication; and sciatica. Injured worker has been treated with medication, physical therapy, epidural injection and acupuncture. Per medical notes dated 08/15/14, injured worker returns for follow-up; she had no improvement since receiving that last epidural injection. There have been no significant changes in the current symptoms. Pain is moderate to severe and is rated at 7/10. Injured worker was referred for acupuncture which was certified on 08/29/14. Per medical notes dated 10/24/14, injured worker complains of low back pain. She is trying pain management now requesting additional acupuncture, which has been helpful. Provider requested an additional 6 acupuncture treatments which were denied by the utilization reviewer on 10/31/14. Therefore, the Utilization Review decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Acupuncture Visits for 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 Acupuncture Medical treatment Guidelines, "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". Injured worker 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 injured worker 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. Per review of evidence and guidelines, the request for an additional 6 acupuncture treatments is not medically necessary.