

Case Number:	CM14-0190561		
Date Assigned:	11/24/2014	Date of Injury:	05/30/2010
Decision Date:	01/09/2015	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	11/14/2014

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 licensed in Acupuncture and is licensed to practice in Florida. 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 64-year old male who sustained an industrial injury on 6/30/10. The patient sustained injury to his low back when a customer struck him in the low back with a shopping cart. He was diagnosed with lumbar strain/sprain; rule out disc pathology and unspecified anxiety. The patient was prescribed the following medications: Norco, Benicar, Hydrocodone and Atorvastatin. The patient also received lumbar injection therapy. The documentation provided suggests the patient has had PT, chiropractic care and acupuncture treatments. After reviewing the documentation provided, the records fail to demonstrate any clinical evidence of functional improvement with the prior course of acupuncture treatment. The medical necessity for the requested 12 acupuncture sessions for the low back has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 additional sessions of acupuncture for low back: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Page(s): 58-60.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The patient is a 64-year-old male who sustained an industrial injury to his low back on 6/30/10. The documentation suggests that a shopping cart struck the patient's low

back causing an injury. The documentation provided suggests that the patient received medications, injection therapy, PT, chiropractic care and acupuncture treatments. The records provided do not provide clinical support for continued acupuncture care. There is a lack of documentation of functional improvement from the previous acupuncture treatments. As per CA MTUS Acupuncture Medical Treatment Guidelines (9792.24.1) 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 expedite functional recovery. Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20 CA MTUS Acupuncture Guidelines requires clinical evidence of functional improvement for additional care to be considered. CA Acupuncture guidelines cited, 9792.24.1 states that the time to produce significant improvement is 3-6 treatments. It also states that acupuncture may be extended if functional improvement is documented including significant improvement in activities of daily living, reduction of work restriction, and reduction of dependency on continued medical treatment. The current documentation does not provide information that the patient received any benefit from the previous acupuncture sessions. Therefore, the request for 12 acupuncture treatments for the lumbar spine would not be medically necessary.