

Case Number:	CM14-0192229		
Date Assigned:	11/25/2014	Date of Injury:	01/18/2012
Decision Date:	01/14/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	11/17/2014

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 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 45 year old female who reported low back pain from injury sustained on 01/18/12. Mechanism of injury was not documented in the provided medical records. MRI of the lumbar spine revealed L4-5 disc degeneration with herniation and annular tear, L5-S1 and L3-4 disc protrusion; right intraforaminal disc extrusion at L4-5 with contact with the right L4 nerve root, there is also fluid within the L4-5 facet joints. Patient is diagnosed with lumbago, sciatica. Patient has been treated with medication, physical therapy, acupuncture, epidural injection, intradiscal pure platelet rich plasma injection at L3-4 and L4-5. Per medical notes dated 10/28/14, patient is feeling 80% improvement in symptoms since after her last procedure. She still has some tenderness especially in the right buttock region and started to have aching sensation in the upper thoracic region, especially with more activity. The patient also states that acupuncture has been very helpful. Examination revealed painful and limited range of motion of the lumbar spine. Patient has had prior acupuncture treatment. Provider requested additional 12-18 acupuncture treatments which were non-certified by utilization review. 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:

Acupuncture treatment for the Lower Back 2-3 x week for 6 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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. Provider requested additional 12-18 acupuncture treatments which were non-certified by utilization review. 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. There is no evidence that this patient exhibits significant functional loss and is unable to perform an independent, self-directed, home exercise program, rather than the continuation of skilled intervention. Furthermore requested visits exceed the quantity supported by cited guidelines. Per review of evidence and guidelines, 2-3X6 acupuncture treatments are not medically necessary.