

Case Number:	CM14-0194090		
Date Assigned:	12/01/2014	Date of Injury:	07/05/2012
Decision Date:	01/16/2015	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	11/19/2014

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 and 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 57 year old male who reported low back pain from injury sustained on 07/05/12. Mechanism of injury was not documented in the provided medical records. X-rays of the lumbar spine revealed mild levoscoliosis; 9-10 mm anterolisthesis L3-4 during flexion; reduced to 5-6mm during extension; 3mm anterolisthesis, L4-5 during flexion and corrected during extension. Patient is diagnosed with lumbar degenerative disc disease, lumbar disc protrusion, lumbar stenosis and lumbar radiculopathy. Patient has been treated with medication, surgery, physical therapy, acupuncture and chiropractic. Per medical notes dated 07/21/14, patient's symptoms have not response to conservative treatment including acupuncture. Patient is status post laminectomy and microdiscectomy dated 07/30/14. Per medical notes dated 10/07/14, patient complains of low back pain that persists with physical activity. Radiation has resolved. Examination revealed no changes from previous visits. Low back pain is rated at 6/10. Provider requested additional 12 acupuncture treatments for lumbar spine which were denied by the utilization review on 10/21/14. 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:

Acupuncture 3XWkX4Wks, Lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Per California 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. Per medical notes dated 07/21/14, patient's symptoms have not response to conservative treatment including acupuncture. 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. However, patient is status post laminectomy and microdiscectomy dated 07/30/14 which would warrant acupuncture treatments. The request of for 12 acupuncture treatment which exceeds the quantity supported by cited guidelines. Per review of evidence and guidelines, 12 acupuncture treatments are not medically necessary.