

Case Number:	CM14-0194463		
Date Assigned:	12/02/2014	Date of Injury:	07/02/2005
Decision Date:	01/16/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	11/20/2014

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 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:

This is a 64 year old male who suffered a work related injury on 07/02/2005. He has diagnoses of cervical spondylosis and a herniated disc in the lumbar spine. Treatment has included medications, home exercise program, yoga, chiropractic sessions, and most recently acupuncture. The physician progress note dated 11/03/2014 documents the injured worker has continued pain in his neck and back. He complains of numbness and tingling in both lower extremities, and radiating pain extending in to his lower extremities. Pain level is 7 out of 10. Medications help reduce his symptoms to approximately 60%. Straight leg raising test produces pain in both thighs. There is tenderness and spasm over the paravertebral musculature bilaterally. The request is for acupuncture to the lumbar spine twice weekly for six weeks. Utilization Review dated 11/06/2014 non-certified the request for acupuncture to the lumbar spine twice weekly for six weeks. Cited in the decision was California MTUS Acupuncture Medical Treatment Guidelines. There is no documentation of objective examples of functional improvement, change in VAS score, or medication sparing effect with the previous sessions to warrant additional treatments at this time. The total number of completed sessions was not documented in the medical records for review to determine the medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture fo the lumbar spine, twice weekly for six weeks: 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. Per medical notes, "patient had significant benefit from acupuncture". 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. Furthermore, requested visits exceed the quantity supported by cited guidelines. Per review of evidence and guidelines, 2X6 acupuncture treatments are not medically necessary.