

Case Number:	CM14-0194624		
Date Assigned:	12/02/2014	Date of Injury:	10/05/2008
Decision Date:	01/16/2015	UR Denial Date:	11/05/2014
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 licensed in Chiropractic 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 61 year old male who reported low back and right foot pain from an injury sustained on 10/05/08. The mechanism of injury was not documented in the provided medical records. MRI of the lumbar spine dated 11/15/13 revealed multilevel disc osteophyte with mild-moderate central canal stenosis. The patient is diagnosed with chronic pain syndrome; congenital pes planus and unspecified major depression. The patient has been treated with medication, epidural injection, chiropractic, aquatic therapy, and acupuncture. Per medical notes dated 05/07/14, the patient will continue with acupuncture, which has been significantly helpful for his low back pain. He states the medication continues to help with pain and function. With the use of medication, he is able to continue his home exercise program. Per medical notes dated 09/24/14, the patient complains of chronic low back pain and right foot pain. The patient reports that he is having more muscle tension and spasms in the low back. He states that acupuncture in the past helps reduce his pain. He is able to walk further with less pain and was able to perform his home exercise better with less pain. Per medical notes dated 10/22/14, the patient reports that he continues to have gradual worsening of his right foot pain. He reports that medication, acupuncture and chiropractic continue to help to reduce pain and allow for better function. The provider requested additional 12 acupuncture treatments which were non-certified by the Utilization Review on 11/05/14. 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:

12 sessions of Acupuncture for the low back: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain 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." The patient has had prior acupuncture treatment. Per medical notes dated 10/22/14, patient reports that he continues to have gradual worsening of his right foot pain. He reports that medication, acupuncture and chiropractic continue to help to reduce pain and allow for better function. The provider requested additional 12 acupuncture treatments which were non-certified by Utilization Review on 11/05/14. Medical records discuss functional improvement but not in a specific and verifiable manner consistent with the definition of functional improvement as stated in guidelines. The documentation fails to provide baseline of activities of daily living and examples of improvement in activities of daily living as result of 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. 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. Requested visits exceed the quantity supported by cited guidelines. No additional acupuncture care exceeding the guidelines is supported for medical necessity due to lack of extraordinary circumstances documented. Per review of evidence and guidelines, 12 acupuncture treatments are not medically necessary.