

Case Number:	CM14-0196953		
Date Assigned:	12/05/2014	Date of Injury:	07/12/2014
Decision Date:	01/23/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/24/2014

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 a licensed Chiropractic and Acupuncturist 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 female who reported low back pain from an injury sustained on 07/12/14. The patient was hit on the lumbar spine with a trash bin. An MRI of the lumbar spine revealed degenerative disc disease and degenerative joint disease; multilevel disc bulges and protrusion. The patient is diagnosed with lumbosacral sprain; lumbar disc displacement; displaced thoracic and lumbar intervertebral disc; contusion of the back; lumbago; lumbosacral neuritis unspecified. The patient has been treated with medication. Per medical notes dated 07/31/14, the patient reports significant ongoing low back pain that she says gets worse with standing, climbing stairs and essentially all day to day activities. She is indicating that she feels that her work environment is unsafe and that she is making herself worse by continuing to be there. Assessment: The patient's subjective complains are significantly out of proportion when compared to her physical examination and radiographic finding. Per medical notes dated 10/08/14, the patient complains of neck pain rated at 9/10 that is frequent, burns and radiates to bilateral shoulders. She also complains of low back rated at 10/10 that is sharp, burning constant and radiates to the bilateral legs. The provider requested initial trial of 2X6 acupuncture treatment for lumbar spine which was non-certified by the utilization review dated 10/31/14. 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 2 x 6 to the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Per the MTUS- Section 9792.24.1, the Acupuncture Medical Treatment Guidelines pages 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 not had prior Acupuncture treatment. Provider requested initial trial of 2X6 acupuncture treatment for lumbar spine which was non-certified by the utilization review dated 10/31/14. Per guidelines 3-6 treatments are supported for initial course of Acupuncture with evidence of functional improvement prior to consideration of additional care. The requested visits exceed the quantity of initial acupuncture visits supported by the cited guidelines. Acupuncture is used as an option when pain medication is reduced or not tolerated which was not documented in the provided medical records. Acupuncture is used as an adjunct to physical rehabilitation which was not documented in the provided medical records. Additional visits may be rendered if the patient has documented objective functional improvement. MTUS- Definition 9792.20 (f) 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. Per guidelines and review of evidence, the requested 2 x 6 Acupuncture visits are not medically necessary.