

Case Number:	CM14-0197274		
Date Assigned:	12/05/2014	Date of Injury:	01/06/1997
Decision Date:	01/22/2015	UR Denial Date:	10/24/2014
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 Chiropractor (DC) 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 63 year old female who reported low back pain from injury sustained on 01/06/97. Mechanism of injury was not documented in the provided medical records. Patient is diagnosed with lumbar disc displacement without myelopathy, sciatica, lumbago, post laminectomy syndrome. Patient has been treated with medication, therapy, surgery, and acupuncture. Per medical notes dated 10/22/14, she was last seen for acupuncture on 10/15/14. She reports a significant reduction in low back pain after the last few treatments. She continues to reports ongoing low back pain which goes across the lower back, worse on the right than the left. She has difficulty with sitting for long periods of time. Per medical notes dated 11/18/14, patient complains of low back pain. She continues to have back pain with radiation into the bilateral lower extremity. She has completed 12 sessions of acupuncture with significant benefit. She states that acupuncture does help to decrease her pain by 70%. The effects of acupuncture last about a month after she has stopped the sessions. She states that since starting the acupuncture, she has been feeling better in regards to her pain and she was able to stop using her cane during a flare-up. She also has been decreasing on her hydrocodone medication and is using about to 1 tablet daily (she was using 3 tablets/ day before acupuncture). Provider requested additional 6 acupuncture treatments which were non-certified by the 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 times six: Overturned

Claims Administrator guideline: Decision based on MTUS 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. Provider requested additional 6 acupuncture treatments which were non-certified by the utilization review. Per medical notes dated 11/18/14, patient continues to have back pain with radiation into bilateral lower extremity. She has completed 12 sessions of acupuncture with significant benefit. She states that since starting acupuncture, she has been feeling better in regards to her pain and she was able to stop using her cane during a flare-up. She also has been decreasing on her hydrocodone medication and is using this about to 1 tablet daily (she was using 3 tablets/ day before acupuncture. Medical reports reveal evidence of significant changes and improvement in findings, revealing a patient who has 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. Per review of evidence and guidelines, additional 6 acupuncture treatments are medically necessary.