

Case Number:	CM14-0199229		
Date Assigned:	12/09/2014	Date of Injury:	12/06/2006
Decision Date:	01/23/2015	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/26/2014

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 Orthopedic Surgery, has a subspecialty in Spine Surgeon and is licensed to practice in New Jersey. 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 40-year-old male who reported an injury on 12/06/2006. The mechanism of injury was cumulative trauma. He was diagnosed with low back pain, status post fusion with failure of implants. His past treatments were noted to include epidural steroid injections, trigger point injections, medications, surgery, physical therapy, and home exercise program. His surgical history was noted to include lumbar fusion, performed on 09/03/2014. On 10/16/2014, the injured worker reported back pain radiating down to the posterior left leg, rated 6/10 on a pain scale. Upon physical examination, his wound was noted to be healed and no signs or symptoms of infection or neurologic gross motor or sensory deficits. His current medications were not provided. On 10/20/2014, the most recent note indicated the straight leg raising maneuver provokes "an expression of discomfort" in the low back and is positive to 40 degrees on the left. The treatment plan was noted to include physical therapy and acupuncture and a follow-up visit. A request was received for post-op acupuncture 2 times a week for 4 weeks for the low back; however, the rationale for the request was not submitted. A Request for Authorization was submitted on 10/21/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op acupuncture 2 times a week for 4 weeks for the low back: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Acupuncture

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The California MTUS Guidelines recommend acupuncture as an option when pain medication is reduced or not tolerated, and it may be used as an adjunct to physical rehabilitation and/or surgical intervention. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. The guidelines recommend 3 to 6 treatments in order to demonstrate the efficacy of the therapy, with an optimum duration of 1 to 2 months at a frequency of 1 to 3 times per week. The request of 8 treatments exceeds this recommendation. There is evidence that the patient is participating in physical rehabilitation; however, the documentation does not clearly indicate if the injured worker has reduced intake of his pain medications or is not tolerating medications. In the absence of this documentation, the request is not supported by the guidelines. As such, the request is not medically necessary.