

Case Number:	CM14-0200697		
Date Assigned:	12/11/2014	Date of Injury:	12/12/2013
Decision Date:	08/10/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	12/01/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Chiropractor, Oriental Medicine

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 58 year old male sustained an industrial injury to the low back on 12/12/13. Magnetic resonance imaging lumbar spine (2/13/14) showed multilevel disc extrusion and severe spinal stenosis at L4-5. Previous treatment included physical therapy (18-24 sessions), acupuncture (six sessions), chiropractic therapy, epidural steroid injections and medications. Documentation did not disclose response to previous acupuncture. In a PR-2 dated 11/3/14, the injured worker continuing ongoing moderate to severe pain in the low back with radiation through the legs to bilateral feet associated with numbness and tingling. The injured worker complained of difficulty standing for prolonged periods due to loss of balance and coordination as a result of weakness in bilateral knees. Physical exam was remarkable for diffuse tenderness to palpation along the L4-5 and L5-S1 facets with spasms, limited range of motion, tightness in the hamstrings and decreased strength at the right L5 myotome and right L4-S1 distributions. Current diagnoses included lumbar spine sprain/strain with radicular complaints. The treatment plan included a single point cane, an orthopedic spine consultation and a prescription for Norco and Ibuprofen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 times a week for 4 weeks to lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Patient has had prior acupuncture treatment. Provider requested additional 2X4 acupuncture sessions for lumbar spine, which were modified to 6 by the utilization review. 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. Per review of evidence and guidelines, 2x4 acupuncture treatments are not medically necessary.