

Case Number:	CM14-0202181		
Date Assigned:	12/12/2014	Date of Injury:	07/31/2010
Decision Date:	02/06/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	12/03/2014

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 Acupuncturist, has a subspecialty 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 34 year old male who reported low back pain from injury sustained on 07/31/10 due to slip and fall. Patient is diagnosed with lumbar degenerative disc disease, lumbosacral or thoracic neuritis/ radiculitis; myofascial pain; and lumbar radiculopathy. Patient has been treated with medication, therapy and acupuncture. Per medical notes dated 05/27/14, patient complains of low back pain with radiation to his left leg. He describes the pain in his leg as burning. Per medical notes dated 09/25/14, patient complains of low back pain with radiation to his left leg. He describes the pain in his leg as burning. Examination revealed tenderness to palpation of the paraspinal muscles and reduced sensation of the left lower extremity. Per utilization review, patient was authorized 6 Acupuncture visits in 2012. Provider requested 6 acupuncture treatments which were denied by the utilization review on 11/04/14. 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:

Six sessions of Acupuncture: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Per utilization review, patient was authorized 6 Acupuncture visits in 2012. Provider requested 6 acupuncture treatments which were denied by the utilization review on 11/04/14. Acupuncture is used as an option when pain medication is reduced or not tolerated, which was not documented in the provided medical records. 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, 6 acupuncture treatments are not medically necessary.