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| Case Number: | CM14-0203714 | | |
| Date Assigned: | 12/18/2014 | Date of Injury: | 07/11/2013 |
| Decision Date: | 02/10/2015 | UR Denial Date: | 11/18/2014 |
| Priority: | Standard | Application Received: | 12/05/2014 |

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 Chiropractor (DC), has a subspecialty in Acupuncture 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 30 year old female who reported low back pain from injury sustained on 07/11/13 due to repetitive bending and twisting. MRI of the lumbar spine revealed 3.5mm disc protrusion at L5-S1 with thecal sac indentation and an annular tear; transitional anatomy with a rudimentary disc at S1-2. Patient is diagnosed with lumbar radiculitis, lumbar spondylosis, intervertebral disc herniation, and SI joint sprain. Patient has been treated with medication, physical therapy, and acupuncture. Per medical notes dated 10/30/14, patient complains of pain in the low back that radiates to the right buttock and posterior aspect of the right knee. Examination revealed decreased range of motion and tenderness to palpation of interspinous ligament, paraspinal muscles, SI joint, and gluteus muscles. Patient has completed 6 sessions of acupuncture with improvement of back pain. Provider requested additional 6 acupuncture treatments for lumbar spine which were non-certified by the utilization review due to lack of functional improvement with prior care. 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 for treatment of 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 MTUS- Section 9792.24.1 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 had prior acupuncture treatment. Provider requested additional 6 acupuncture treatments which were non-certified by the utilization review. There is lack of evidence that prior acupuncture care was of any functional benefit. 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, 2x3 Acupuncture treatments are not medically necessary.