

Case Number:	CM14-0070071		
Date Assigned:	07/14/2014	Date of Injury:	04/12/2013
Decision Date:	01/02/2015	UR Denial Date:	04/25/2014
Priority:	Standard	Application Received:	05/15/2014

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 Doctor of Chiropractic, 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:

This a 30 year old worker with a work related history dated April 12, 2013 resulting in low back pain with lumbar disc displacement. Per the documentation from the treating physician dated April 4, 2014, the worker reported continued lower back pain that was improved by 25 percent and that he could sit for longer periods of time without having to shift his weight. The worker also reported leg pain that had also improved and is now occurring intermittently every two to three days lasting a couple minutes. Leg pain was reported to come and go but on some days will last all day long. There was also pain reported in his right buttock through the right dorsolateral thigh to the right knee. Current treatment reported was Tramadol 150mg ER two to three times per week due to excessive sedation and Flexeril 10mg once per day. Pain level was rated five to six on a scale of ten without medication and zero with medication. At this visit the worker had completed eight sessions of acupuncture and reported that these sessions helped a lot. Physical exam revealed a standing range of motion at 45 degrees, seated straight leg raises 45 degrees on the right and deep knee bending was painful and diminished on the right. Diagnosis at this visit included traumatic L5-S1 right paracentral disc protrusion/herniation and posterior annulus tear with right S1 nerve root impingement. Plan of care included return to work with no restrictions, refill of Tramadol, Ibuprofen and Flexeril. Per a Pr-2 dated 1/21/2014, the standing range of motion was 30 degrees. An additional six acupuncture visits were requested. The utilization review decision dated May 30, 2014 was for a request for six acupuncture treatments to the low back. This request was not certified and the rationale for non-certification is that the documentation that was submitted for review reflected that the work had only a 25 percent improvement. The six visits were not medically necessary due to lack of significant improvement in functional improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional acupuncture to low back x6: Overturned

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to evidenced based guidelines, further acupuncture after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. The claimant has had prior acupuncture with functional improvement. Range of motion increased from 30 degrees to 45 degrees. His pain improved by 25% and he is able to sit for longer periods of time. Leg symptoms are only occurring intermittently. Therefore the request for six further acupuncture visits is medically necessary.