

Case Number:	CM13-0036880		
Date Assigned:	12/13/2013	Date of Injury:	06/28/2011
Decision Date:	06/16/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	10/22/2013

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 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 49 year old male who reported low back pain from an injury sustained on 6/28/11. The injury was a result of a slip and fall. An MRI of the lumbar spine dated 7/3/12 revealed multilevel disc degeneration, annular bulge and facet arthropathy. The patient was diagnosed with Lumbago, sciatica, and chronic pain syndrome. The patient has been treated with extensive medication, physical therapy, chiropractic and acupuncture. The patient was re-evaluated after 6 acupuncture visits to determine if care has been beneficial and/or if further treatment is necessary. Per notes dated 6/18/13, the patient had moderate symptomatic relief in low back pain with recent acupuncture. He is more functional, but there is still intermittent moderate-severe pain. Acupuncture progress notes were not provided for review. Per notes dated 1/9/14, "without medication, the pain is being described as worst pain ever but with medication it is 8/10. Patient reported symptomatic improvement for the first 6 visits but lack of functional improvement. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Patient hasn't had any long term symptomatic or functional relief with acupuncture care. He still remains symptomatic and out of work."

IMR ISSUES, DECISIONS AND RATIONALES

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

8 ACUPUNCTURE VISITS FOR THE LUMBAR SPINE (2) TIMES A WEEK FOR (4) WEEKS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Per the MTUS Acupuncture Guidelines, "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." The medical records provided for review indicate the patient has had prior acupuncture treatment. There is a lack of evidence that prior acupuncture care was of any functional benefit. Additional visits may be rendered if the patient has documented objective functional improvement. Per a review of the submitted evidence and the MTUS Guidelines, the request is not medically necessary and appropriate.