

Case Number:	CM14-0111158		
Date Assigned:	08/01/2014	Date of Injury:	12/19/1997
Decision Date:	10/24/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	07/16/2014

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 Chiropractic and 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 52 year old female who reported low back pain from injury sustained on 12/19/97. Mechanism of injury was not documented in the provided medical records. MRI of the lumbar spine dated 06/08/12 revealed status post posterior lumbar interbody fusion at L4-5 and L5-S1 and grade 1 anterolisthesis at L5-S1. Patient is diagnosed with post laminectomy syndrome lumbar spine region and bilateral lower extremity radiculopathy. Patient has been treated with medication, surgery and epidural injection. Per medical notes dated 04/11/14, patient recently underwent an epidural injection at S1 which provided at least 50% relief to her back pain along with radicular symptoms to her lower extremity. Pain is rated at 3/10, which is manageable. She continues to take pain medication which enables her to sleep better at night. Per medical notes dated 04/11/14, provider had requested initial trial of 6 acupuncture treatments; it is unclear if those treatments were administered and there is lack of information on the outcome of those treatments. Per utilization review dated 07/08/14, provider requested 12 acupuncture treatments on 07/01/14. There is no documentation afforded for review that establishes a clear, updated clinical status of the patient with current objective finding, functional deficits and the benefits obtained with acupuncture already approved/rendered that would substantiate a medical indication for additional care.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture x12 visits.: 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 page 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". It is unclear if the patient has had prior acupuncture treatment. Per medical notes dated 04/11/14, provider had requested initial trial of 6 acupuncture treatments; it is unclear if those treatments were administered and there is lack of information on the outcome of those treatments. Per utilization review dated 07/08/14, provider requested 12 acupuncture treatments on 07/01/14. There is no documentation afforded for review that establishes a clear, updated clinical status of the patient with current objective finding, functional deficits and the benefits obtained with acupuncture already approved/rendered that would substantiate a medical indication for additional care. 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, 12 acupuncture treatments are not medically necessary.