

Case Number:	CM14-0115055		
Date Assigned:	09/30/2014	Date of Injury:	12/12/2012
Decision Date:	10/28/2014	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	07/23/2014

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 Services 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 female who reported low back pain from injury sustained on 12/12/12 as she was assisting a patient to sit up, the patient yanked her forward causing immediate low back pain. MRI of the lumbar spine revealed relatively benign findings, there was minor disc protrusion. Patient is diagnosed with thoracic, lumbosacral neuritis/ radiculitis. Patient has been treated with physical therapy and acupuncture. Per medical notes dated 05/07/14, patient complains of ongoing low back pain with bilateral lower extremity radiculopathy along with numbness, tingling and weakness. Examination revealed spasm, tenderness and decreased range of motion. Per medical notes dated 06/04/14, patient complains of low back pain, patient has had physical therapy but continues to have pain. Per utilization review, patient has had prior acupuncture; however, provided medical notes do not document any prior treatment. 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.

IMR ISSUES, DECISIONS AND RATIONALES

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

FOUR (4) ACUPUNCTURE SESSIONS: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Acupuncture 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". Per utilization review, patient has had prior acupuncture treatment; however, there is lack of evidence that prior acupuncture care was of any functional benefit. Provided medical notes fail to mention prior acupuncture sessions. 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, 4 acupuncture treatments are not medically necessary.