

Case Number:	CM14-0116723		
Date Assigned:	08/04/2014	Date of Injury:	03/30/2013
Decision Date:	10/06/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/24/2014

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 24 year old female who reported low back pain from injury sustained on 03/30/13 while restocking the cosmetic aisle, she lifted a tote full of merchandise and she felt a pulling sensation at her lumbar and thoracic spine. She also complains of neck, bilateral shoulders, bilateral knees, right ankle/foot pain due to cumulative trauma. MRI of the lumbar spine dated 03/27/14 revealed L4-5, 4mm right paracentral disc protrusion and transitional L5 vertebrae. NCV/EMG of the lower extremity was normal. Patient is diagnosed with lumbar disc displacement with myelopathy; sciatica; cervical disc herniation with myelopathy; tear of medial meniscus of bilateral knees; chondromalacia patella of bilateral knees; rotator cuff tear of bilateral shoulder; tendinitis, bursitis and capsulitis of right foot; plantar fasciitis of right foot; depression; anxiety and insomnia. Patient has been treated with medication, therapy and extensive acupuncture. Per medical notes dated 05/21/14, patient complains of low back pain which is constant to severe pain that is described as stabbing. Thoracic spine pain is achy and pulsating. Bilateral shoulder pain is frequent moderate and sore. Bilateral knee pain is constant moderate to severe that was described as stabbing. Right ankle/ foot pain is severe pulling sensation. She also complains of neck pain which is frequent and moderate. Examination revealed +3 tenderness to palpation of the paraspinal muscles throughout the spine. Per medical notes dated 06/19/14, patient has had 19 acupuncture treatments. Medical notes document functional improvement in activities of daily living that she is able to help with light housework, attend church activities and grocery shop; decrease in Tramadol intake; increased range of motion of the neck and knee; however, the request is for additional acupuncture for lumbar spine and medical records do not document any improvement in the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture Therapy (6): 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". Patient has had prior acupuncture treatment. Provider is requesting additional 6 acupuncture sessions for the lumbar spine. Per medical notes dated 06/19/14, patient has had 19 acupuncture treatments. Medical notes document functional improvement in activities of daily living that she is able to help with light housework, attend church activities and grocery shop; decrease in Tramadol intake; increased range of motion of the neck and knee; however, the request is for additional acupuncture for lumbar spine and medical records do not document any improvement in the lumbar spine. Per medical notes dated 05/21/14, patient continues to complain of low back pain, neck pain, shoulder pain, right ankle/foot pain despite having extensive acupuncture treatment. Furthermore there are no changes in work restrictions or any significant changes in activities of daily living. 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. 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, 6 acupuncture treatments are not medically necessary.