

Case Number:	CM14-0118221		
Date Assigned:	09/23/2014	Date of Injury:	12/23/2013
Decision Date:	10/22/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	07/25/2014

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 39 year old male who reported low back pain from injury sustained on 12/23/13. Patient states that he was reaching to lift material from a recycling container when he felt a sudden sharp pain in his lower back. An MRI of the lumbar spine on 01/29/14 revealed that there is disc desiccation at L3-L4 and L5-S1, mild broad-based disc bulge with mild bilateral neural foraminal narrowing at L3-L4, mild broad-based disc bulge and facet hypertrophy with mild bilateral neural foraminal narrowing at L4-L5, mild central disc bulge without significant central canal or neural foraminal narrowing at L5-S1 and mild degenerative changes predominantly involving L3-L4, L4-L5 and L5-S1. Patient is diagnosed with lumbosacral strain and mild lumbar spondylosis. Patient has been treated with medication, physical therapy, acupuncture treatment, chiropractic care and a back brace. Per notes dated 06/26/14, patient continues to experience aching in the midline low back and sacral area and is frustrated that his back still bothers him. Upon physical examination it is reported that there is pain with lumbar flexion, but not with extension, without focal tenderness. Primary treating physician requested 6 visits which were denied. Patient has had prior acupuncture treatment however there is no documented functional improvement. Patient has had 24 previous acupuncture sessions. 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. 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:

Therapy: Acupuncture X 6: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation ODG Acupuncture GuidelinesACOEM Guidelines; Use of Accupuncture; Acute Shoulder, Low Back, or Radicular Pain; Acupuncture for Chronic Low Back Pain

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. 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, additional 6 acupuncture treatments are not medically necessary.