

Case Number:	CM14-0122411		
Date Assigned:	08/13/2014	Date of Injury:	09/09/2013
Decision Date:	10/14/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	08/04/2014

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 29 year old female who reported low back pain from injury sustained on 09/09/13. On the day of the injury she was carrying 4-5 packets of towels weighing approximately 60 pounds, she had to lift overhead in order to put the towels away, which required her to stand on her tip-toes; after doing do, she felt pain in her right shoulder and low back. MRI of the lumbar spine revealed degenerative disc disease at L5-S1 and central/paracentral disc protrusion shoulder mild eccentricity to the right; and mild facet arthropathy at L5-S1. The patient is diagnosed with degenerative low back pain with mild stenosis at L5-S1. Patient has been treated with medication and therapy. Per medical notes dated 02/11/14, patient complains of low back pain described as sharp and throbbing. Pain comes and goes and she rated the pain at 7-8/10, Pain is right sided in the low back with radiation down the bottom of the right foot. She has numbness in the right foot, which comes and goes. Medication helps with decreasing the pain. Per medical notes dated 06/20/14, patient complains of constant sharp low back pain with radiation down the right leg. Examination revealed decreased flexion and extension of the lumbar spine. Patient has had physical therapy and has not improved. Provider is requesting initial trial of 8 acupuncture sessions which were modified to 3 sessions by the utilization reviewer.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2x4 lumbar: 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 not had prior Acupuncture treatment. Provider is requesting initial trial of 8 acupuncture sessions which were modified to 3 by the utilization reviewer. Per guidelines 3-6 treatments are supported for initial course of Acupuncture with evidence of functional improvement prior to consideration of additional care. Requested visits exceed the quantity of initial acupuncture visits supported by the cited guidelines. Additional visits may be rendered if the patient has documented objective functional improvement. MTUS- Definition 9792.20 (f) 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. Per guidelines and review of evidence, 8 Acupuncture visits are not medically necessary.