

Case Number:	CM14-0125032		
Date Assigned:	08/11/2014	Date of Injury:	04/18/2012
Decision Date:	10/14/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	08/07/2014

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 66 year old female who reported low back pain from injury sustained on 04/18/12. Mechanism of injury was not documented in the provided medical records. MRI of the lumbar spine dated 09/21/12 revealed mild bilateral degenerative facet changes; decrease in disc height, disc desiccation with anterior and posterior osteophyte at L4-5 and L5-S1; and 1mm disc protrusion at L1-2. Patient is diagnosed with lumbago, degenerative disc disease, bulging disc, spinal stenosis and herniated nucleus pulposus. Patient has been treated with medication, therapy, epidural injection and acupuncture. Per medical notes dated 04/09/14, patient reports symptomatic pain relief and functional gain from completing 6 of 8 sessions of acupuncture. Per medical notes dated 06/04/14, she reports previous sessions of medical acupuncture have allowed her pain management, anti-inflammatory purpose, stress relief and allows her to taper down off medication. Per medical notes dated 07/02/14, patient complains of constant achy and dull pain in bilateral pain in bilateral low back. Examination revealed tenderness over the paraspinal muscles from L4/5 to L5/S1. She also has limited range of motion of the lumbar spine. Provider is requesting additional 8 acupuncture sessions. 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:

Acupuncture 2 x week x 4 weeks Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Low Back Complaints.

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. The number of visits administered is unknown. Per medical notes dated 04/09/14, patient reports symptomatic pain relief and functional gain from completing 6 of 8 sessions of acupuncture. Per medical notes dated 06/04/14, she reports previous sessions of medical acupuncture have allowed her pain management, anti-inflammatory purpose, stress relief and allows her to taper down off medication. Medical records discuss functional improvement but not in a specific and verifiable manner consistent with the definition of functional improvement as stated in guidelines. 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. Furthermore requested visits exceed the quantity supported by cited guideline. Per review of evidence and guidelines, 2x4 acupuncture treatments are not medically necessary.