

Case Number:	CM14-0130015		
Date Assigned:	08/20/2014	Date of Injury:	03/16/2004
Decision Date:	09/25/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	08/14/2014

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 Board Certified in Chiropractic, has a subspecialty in 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 47 year old male who reported low back pain from injury sustained on 03/16/04 due to lifting. An MRI (2004) of the lumbar spine revealed recurrent disc herniation and degeneration at L5-S1. CT scan (10/19/11) of the lumbar spine revealed disc replacement at L4-5 and L5-S1. The injured worker is diagnosed with post laminectomy syndrome, lumbar discogenic pain and lumbar radiculopathy. The injured worker has been treated with medication, decompression surgery (2011), disc replacement (2006) surgery, therapy and acupuncture. Per medical notes dated 06/20/14, he complains of low back pain. The injured worker had acupuncture which resulted in temporary relief, but did not last more than couple of days. His pain radiates to his lateral right leg/foot with pain and numbness. Per medical notes dated 07/02/14, the injured worker continues to experience aching and burning low back pain with radiation down bilateral legs. There is associated numbness in the left anterior thigh and in the bottom of bilateral feet. Pain is rated at 7/10. Prolonged sitting and standing aggravate the pain. Medication helps bring his pain down from 10/10 to 5-6/10. He is also paying for acupuncture out of pocket which provides additional pain relief. Per UR appeal dated 08/05/14, after many years the only treatment has been heavy pain medication, but because of the deleterious effects acupuncture was initiated as an alternative and has proved beneficial. Its benefit has been noted as having positive effect in his personality and mood because it interrupts the constant pain. As a result he can move more, thereby increasing his overall conditioning, resulting in the need for less frequent use of heavy pain medication and more stamina. Provider is requesting additional 20 acupuncture treatments, which exceed the quantity supported by guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

20 sessions of acupuncture, lumbar spine: 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". The injured worker has had prior acupuncture treatment. Per medical notes dated 06/20/14, injured worker reported temporary relief with acupuncture; but does not last more than couple of days. Per UR denial appeal dated 08/05/14, "patient had benefits as having positive effect in his personality and mood because it interrupts the constant pain". "As a result he can move more, thereby increasing his overall conditioning, resulting in the need for less frequent use of heavy pain medication and more stamina". Provider is requesting additional 20 acupuncture treatments, which exceed the recommended quantity per guidelines. Medical records discuss functional improvement but not in a specific and verifiable manner consistent with the definition of functional improvement as stated in guidelines. 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, 20 acupuncture treatments are not medically necessary.