

Case Number:	CM14-0137598		
Date Assigned:	09/05/2014	Date of Injury:	09/10/2013
Decision Date:	10/14/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	08/25/2014

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 Board Certified 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 45 year old female who reported low back pain from injury sustained on 09/10/13 due to a slip and fall while pulling a net over the grapes. X-rays of lumbar spine revealed degenerative changes and question of pars defect at L5. MRI of the lumbar spine revealed mild disc protrusion left of midline at L5-S1 with minimal effacement of thecal sac; questionable spondylolysis at L5 as well as on left. Electrodiagnostic studies were unremarkable. Patient is diagnosed with low back pain, herniated nucleus pulposus and lumbar stenosis. Patient has been treated with medication, physical therapy and acupuncture. Per medical notes dated 06/16/14, patient complains of low back pain and left symptoms. Per acupuncture progress notes dated 06/26/14, patient reported no change with acupuncture therapy. Per acupuncture progress notes dated 07/02/14, patient reported no relief with treatment. Per acupuncture progress notes dated 07/09/14, patient reported no relief with acupuncture. Primary treating physician requested acupuncture 2X4 which was denied by the utilization reviewer on 07/22/14. Primary treating physician is requesting 2X4 acupuncture sessions which were denied by the utilization reviewer on 07/22/14. 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.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture two (2) times four (4): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Per MTUS 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. Per acupuncture progress notes dated 06/26/14, patient reported no change with acupuncture therapy. Per acupuncture progress notes dated 07/02/14, patient reported no relief with treatment. Per acupuncture progress notes dated 07/09/14, patient reported no relief with acupuncture. Primary treating physician requested acupuncture 2X4 which was denied by the utilization reviewer on 07/22/14. 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, 2X4 acupuncture treatments are not medically necessary.