MAXIMUS Federal Services

Case Number:	CM14-0143264		
Date Assigned:	09/10/2014	Date of Injury:	08/09/2011
Decision Date:	11/25/2014	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	09/04/2014

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 Acupuncture and is licensed to practice in Florida. 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 patient is a 60-year-old male who sustained an industrial injury on 8/9/11. The patient is employed as a cook and has a history of cumulative trauma to his back from this line of work. The patient underwent a lumbar laminectomy/decompression at L4-5 fusion on 9/30/11. He has been diagnosed with; lumbar post-laminectomy syndrome with left foot drop and unstable anterlolisthesis at L4-5/retrolisthesis at L5-1 s/p L4-5/L5-S1, laminectomy with progressive dextroscoloiotic deformity, chronic pain, depression, anxiety, sleep disturbance and urinary incontinence. The patient has had chiropractic care, and PT. He has been prescribed the following medication: Butrans and Gabapentin. The documentation provided does not show patient tolerance to the prescribed medications. In regards to the chiropractic care and PT, there is no further documented objective functional improvement provided. The medical necessity for the requested acupuncture sessions has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM,Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Acupuncture Guidelines

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The patient is a 60-year-old male who sustained an industrial injury on 8/9/11. The mechanism of the injury his lower back is due to cumulative trauma. The patient underwent a laminectomy/decompression fusion on 9/30/11. He still suffers from lumbar pain and left foot drop. He has received PT and has been prescribed medications. The documentation suggests that the patient has not been taking his medication. As per CA MTUS Acupuncture Medical Treatment Guidelines (9792.24.1) Acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to expedite functional recovery. Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20 CA MTUS Acupuncture Guidelines requires clinical evidence of functional improvement for additional care to be considered. CA Acupuncture guidelines sited 9792.24.1 states that the time to produce significant improvement is 3-6 treatments. It also states that acupuncture may be extended if functional improvement is documented including significant improvement in activities of daily living, reduction of work restriction, and reduction of dependency on continued medical treatment. The documentation provided suggests that the patient is not taking medication, and there is no documentation provided regarding the patens' functional improvement with the previous PT sessions. Therefore, the request for acupuncture treatments would not be medically necessary.