

Case Number:	CM14-0143603		
Date Assigned:	09/12/2014	Date of Injury:	03/10/2003
Decision Date:	10/10/2014	UR Denial Date:	08/06/2014
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 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 43 year old female who reported low back pain from injury sustained on 03/10/03. Mechanism of injury is not documented in the provided medical records. There were no diagnostic imaging reports. Patient is diagnosed with L5-S1 lumbar disc replacement surgery; left L5 radiculopathy; chronic pain syndrome and axial low back pain. Patient has been treated with medication, epidural injection, therapy, surgery and acupuncture. Per medical notes dated 04/11/14, patient complains of chronic low back pain. Examination revealed a mildly antalgic gait with forward leaning posture and left hip height and significant amount of tenderness over the left trochanteric bursa. Per medical notes dated 06/26/14, patient reported increased flexion and extension without pain and ease of movement. Pain decreased from 8/10 to 4/10. Per medical notes dated 07/25/14, patient has had 12 acupuncture sessions and has gotten a significant amount of relief, to the point where she is able to maintain without any pain medication. Provider is requesting additional 12 acupuncture sessions. 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:

12 Acupuncture Sessions (Over 12 Weeks): 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 had prior acupuncture treatment. Per medical notes dated 06/26/14, patient reported increased flexion and extension without pain; however range of motion restriction was not documented in the medical records dated 04/11/14. Per medical notes dated 07/25/14, patient has had 12 acupuncture sessions and has gotten a significant amount of relief, to the point where she is able to maintain without any pain medication. 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 and physical exam. Furthermore guidelines recommend 3-6 treatments for functional improvement; provider is requesting additional 12 which exceed the quantity supported by guidelines. Per review of evidence and guidelines, additional 12 acupuncture treatments are not medically necessary.