

Case Number:	CM14-0143706		
Date Assigned:	09/12/2014	Date of Injury:	01/07/2010
Decision Date:	10/10/2014	UR Denial Date:	08/27/2014
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 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 64 year old female who reported low back pain from injury sustained on 01/07/10. Mechanism of injury is not documented in the provided medical records. There were no diagnostic imaging reports. Patient is diagnosed with left hip intertrochanteric fracture, status post open reduction and internal fixation left fracture; chronic low back pain; left lumbar radiculopathy; lumbar spine degenerative disc disease; spondylosis L5-S1; facet arthropathy and foraminal stenosis. Patient has been treated with medication, therapy and acupuncture. Per medical notes dated 07/17/14, patient continues to have low back pain. Pain is rated at 3/10 and extends down the left buttock. Pain is aggravated by extension. Examination revealed tenderness along L5-S1 level. Patient will continue regular work. Per medical notes dated 08/19/14, patient complains of low back pain. Patient reports overall improvement with acupuncture. Pain is rated at 3/10. She is able to walk more easily, bend more easily and sleep better with treatment. Examination revealed tight lumbar spine paraspinal muscles but is able to fully flex. There is no evidence that this patient exhibits significant functional loss and is unable to perform an independent, self-directed, home exercise program, rather than the continuation of skilled intervention.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture x6 Visits for the Low Back: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Per California Medical Treatment Utilization Schedule (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 08/19/14, patient feels overall better with acupuncture; pain is reduced to 3/10 and she is able to walk more easily, bend more easily and sleep better. Examination revealed tight lumbar paraspinal muscles but is fully able to flex. Patient has had benefit with acupuncture; however, she not not have any functional deficits or work restrictions which would necessitate additional treatment. Lumbar spine range of motion is not restricted per medical records and she continues to work regular duties. Additional treatment based solely on subjective complaints is not recommended. There is no evidence that this patient exhibits significant functional loss and is unable to perform an independent, self-directed, home exercise program, rather than the continuation of skilled intervention. Per review of evidence and guidelines, additional 6 acupuncture treatments are not medically necessary.