

Case Number:	CM14-0144980		
Date Assigned:	09/12/2014	Date of Injury:	01/23/2006
Decision Date:	10/14/2014	UR Denial Date:	09/02/2014
Priority:	Standard	Application Received:	09/08/2014

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 Care 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 58 year old male who reported low back pain from injury sustained on 01/23/06. Mechanism of injury is not documented in the provided medical records. Magnetic resonance imaging (MRI) of the lumbar spine dated 12/20/09 revealed 3-4mm left paracentral disc protrusion at L5-S1 level and this does cause mild neuroforaminal narrowing. Patient is diagnosed with lumbar disc displacement; lumbago; depressive disorder; psychogenic pain; depressive psychosis and chronic pain. Patient has been treated with medication, therapy, and acupuncture. Per medical notes dated 08/20/14, patient reports acupuncture has been moderately helpful in decreasing the low back pain and mid back tightness; continues with left sided pain radiating into left leg. He denies significant changes in pain since last visit. Per medical notes dated 09/02/14, patient reports a moderate decrease in low back pain and tightness in the mid back and neck. Per utilization review appeal dated 09/08/14, in this case the patient has had increase in activity tolerance in terms of sitting, standing and walking for prolonged period and this is considered as functional improvement. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Patient hasn't had any long term symptomatic or functional relief with acupuncture care. 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:

TR346601 Acupuncture Additional Six Visits, In Treatment of the Mid to Lower Back
Quantity : 6: 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 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 09/02/14, patient reports a moderate decrease in low back pain and tightness in the mid back and neck. Patient has had 24 acupuncture treatments without sustained benefit. 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 California (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, additional 6 acupuncture treatments are not medically necessary.