

Case Number:	CM14-0146516		
Date Assigned:	09/12/2014	Date of Injury:	09/07/2011
Decision Date:	10/14/2014	UR Denial Date:	09/02/2014
Priority:	Standard	Application Received:	09/09/2014

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 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 41 year old male who reported lower back pain from an injury sustained on 09/07/11. Patient states that he was leaning to pick up and load a box of auto parts and suddenly experienced severe back pain. X-rays of the lumbar spine dated 09/22/2011 were unremarkable. MRI of the lumbar spine dated 09/27/2011 revealed focal degenerative disc disease at the L4-5 level comprised of a mild to moderate diffuse disc bulge resulting in moderate right and mild left neural foraminal narrowing and mild central canal stenosis. EMG revealed L4/L5 radiculopathy on the right. Patient is diagnosed with lumbar IVD disorder with myelopathy. Patient has been treated with medication, physical therapy, acupuncture treatment, topical transdermal creams, 3 LS epidural injections, computerized lumbar decompression, LS corset brace and lumbar cushion. Patient has been approved for surgery however is declining the procedure. Per medical notes dated 08/20/14, patient complains of lower back pain with intermittent right leg radiculopathy symptoms. Patient states symptoms are constant but are aggravated when lying flat, sitting and driving. Primary treating physician requested 2X3 acupuncture treatments. Patient has had prior acupuncture treatment as mentioned in progress note dated 04/09/14 and AME report dated 05/29/14, however, there is no documented functional improvement. 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:

6 Acupuncture sessions, 2 x per week for 3 weeks, for the lumbar spine: 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. 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, additional 2X3 acupuncture treatments are not medically necessary.