

Case Number:	CM14-0160279		
Date Assigned:	10/03/2014	Date of Injury:	03/21/2013
Decision Date:	11/03/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/29/2014

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 Orthopedic Surgery and is licensed to practice in Texas. 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 male who reported an injury on 03/21/2013. The mechanism of injury occurred while pulling a line. His diagnoses included L4-5 and L5-S1 disc degeneration with possible annular tear, mild to moderate lateral recess stenosis right L4-5 and L5-S1, right leg radiculopathy with mild weakness and sensory changes, L4-S1 facet arthropathy, and lumbarized first sacral segment. The injured worker's past treatments included surgery, medications, physical therapy, and approximately 2 epidural steroid injections to the lumbar spine. The injured worker's diagnostic exams included an MRI of the lumbar spine and an X-ray of the lumbar spine. The injured worker's surgical history included a right L3-4 decompression/laminectomy/foraminotomy. On 08/12/2014, the injured worker complained of mid back pain that radiated into the low back. He rated this pain as 6/9-10 on the pain scale and reported numbness in the right buttock and posterior thigh that ended in the knee. The physical exam revealed palpable tenderness over the lumbar spine, restricted sensation to the right L4 and L5 dermatome distributions, decreased range of motion, and a negative straight leg raise. The injured worker's range of motion values included 18 degrees of flexion, 10 degrees of extension, 12 degrees of left lateral bend, and 13 degrees of right lateral bend. The injured worker's medications included Motrin, Norco, and Norflex. The treatment plan consisted of a request for a pain management consultation, a nerve root block (nondiagnostic), a request for acupuncture, a request for physiotherapy, and the continuation of medications. A request was received for acupuncture 2 times a week for 3 weeks. The rationale for the request was not clearly indicated in the clinical notes. The Request for Authorization form was signed and submitted on 08/12/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture two times a week for three weeks: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Guidelines (ODG) Low Back - Lumbar & Thoracic, Acupuncture

Decision rationale: The request for Acupuncture two times a week for three weeks is not medically necessary. The Official Disability Guidelines recommend acupuncture as an option for chronic low back pain using a short course of treatment in conjunction with other interventions. The guidelines recommend an initial trial of 3 to 4 visits over 2 weeks. With evidence of objective functional improvement, the total amount of visits may be approved for up to 8 to 12 visits over 4 to 6 weeks. Based on the clinical notes, the injured worker does have chronic low back pain. He rated his pain as 6/10 to 9/10 on the pain scale. He has participated in physical therapy and received 2 epidural steroid injections with no long term significant pain relief. There was no clinical documentation of the physical therapy progress to determine efficacy of the therapy. Also, the clinical notes did not indicate that the injured worker would be participating in other treatment modalities in conjunction with the acupuncture treatment. The guidelines state that the use of acupuncture must coincide with other treatment options for the greatest possible outcome. Additionally, the request exceeds the number of initial visits set forth by the guidelines. The guidelines recommend 3 to 4 visits over 2 weeks during the initial treatment. Therefore, due to lack of documentation indicating that he would participate in other interventions, and the request of more than the allocated visits, the request is not supported. Thus, the request for Acupuncture two times a week for three weeks is not medically necessary.