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| Case Number: | CM14-0160786 | | |
| Date Assigned: | 10/06/2014 | Date of Injury: | 09/01/2011 |
| Decision Date: | 10/30/2014 | UR Denial Date: | 09/15/2014 |
| Priority: | Standard | Application Received: | 09/30/2014 |

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 57 year old male who reported low back pain from injury sustained on 09/01/11 due to cumulative trauma. MRI of the lumbar spine revealed mild degenerative changes of the lumbosacral spine seen with mild bilateral neural foraminal narrowing present at L5-S1 level; mild central spinal stenosis L4-5 level. Patient is diagnosed with lumbar degenerative disc disease L4-5 and L5-S1 with moderate central stenosis at L4-5 and chronic low back pain. Patient has been treated with medication, activity modification, chiropractic, epidural injection, and physical therapy. Per medical notes dated 07/21/14, patient complains of low back flare-up. Occasionally has radiating discomfort to his right medial thigh and right medial knee. Getting out of a car is particularly difficult for him secondary to the low back pain. Per medical notes dated 09/04/14, patient complains of low back pain, things seem to be unchanged. It flares up at times as he is not sure what aggravates it. Patient has not had prior Acupuncture treatment. Provider requested initial trial of 2-3X6 for low back pain which was modified to 4 by the utilization reviewer.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for low back #18: 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 not had prior Acupuncture treatment. Provider requested initial trial of 2-3X6 for low back pain which was modified to 4 by the utilization reviewer. Per guidelines 3-6 treatments are supported for initial course of Acupuncture with evidence of functional improvement prior to consideration of additional care. Requested visits exceed the quantity of initial acupuncture visits supported by the cited guidelines. Additional visits may be rendered if the patient has documented objective functional improvement. MTUS- Definition 9792.20 (f) 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. Per guidelines and review of evidence, Eighteen (18) Acupuncture visits are not medically necessary.