

Case Number:	CM14-0161553		
Date Assigned:	10/07/2014	Date of Injury:	11/28/2012
Decision Date:	10/31/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/01/2014

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, has a subspecialty 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 48 year old female who reported low back pain from injury sustained on 11/28/12. Mechanism of injury was not documented in the provided medical records. There were no diagnostic imaging reports. Patient is diagnosed with low back pain. Patient has been treated with acupuncture. The only medical notes provided for review were dated 08/21/14. Per medical notes dated 08/21/14, patient complains of low back pain. Acupuncture has helped her sleep better. She reports acupuncture helped her level of function including lifting with less pain, bending with less pain and sitting with less pain. Provider requested additional 9 acupuncture treatments. Number of visits administered to date is unknown. Medical notes fail to document any ongoing functional deficits which would necessitate additional treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

9 additional acupuncture therapy with modalities for the lumbar region as an outpatient:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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. Per acupuncture notes dated 08/21/14, patient complains of low back pain, acupuncture has helped her sleep better, she reports acupuncture has helped her level of function including lifting, bending and sitting with less pain. Provider requested additional 9 acupuncture sessions. The number of visits administered is unknown. Medical notes fail to document any functional deficits which would necessitate additional care. Provided notes mention functional improvement but not in objective and verifiable manner. "She is able to sit, bend and lift with less pain"; it is unclear if the patient was unable to perform these activities prior to treatment and the duration of the activity is not documented. Additionally requested visits exceed the quantity of visits supported by cited guidelines. 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 9 acupuncture treatments are not medically necessary.