

Case Number:	CM14-0166039		
Date Assigned:	10/13/2014	Date of Injury:	05/20/2011
Decision Date:	11/13/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	10/08/2014

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 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 50 year old female who reported low back pain from injury sustained on 05/20/11 from repetitive moving and lifting heavy objects. X-rays of the lumbar spine revealed mild disc space narrowing at L5-S1. Patient is diagnosed with myoligamentous strain of cervical, thoracic and lumbar spine. Patient has been treated with medication, physical therapy, chiropractic and acupuncture. Per medical notes dated 05/02/14, patient is having pain between shoulder blades and all the way down her spine to tailbone. Pain is constant and aching with numbness, stabbing and tingling with pain rated at 10/10. Per medical notes dated 06/26/14, patient complains of unchanged, worsening, constant, frequent severe low back pain causing tingling, burning, stabbing, numbness and tenderness rated 10/10. She was given 4 acupuncture treatments that did not work. Per medical notes dated 09/18/14, patient complains of back pain that radiates into the buttocks, pain is 10/10. Provider requested additional 8 acupuncture treatments for lumbar spine. 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:

Outpatient acupuncture times eight (8) sessions for the low back: 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. Per medical notes dated 06/26/14, "she was given 4 acupuncture treatments that did not work". Per medical notes dated 09/18/14, patient complains of back pain that radiates into the buttocks, pain rated at 10/10. Provider requested additional 8 acupuncture treatments for low back. 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, 8 acupuncture treatments for low back pain are not medically necessary.