

Case Number:	CM14-0166086		
Date Assigned:	10/13/2014	Date of Injury:	11/21/2013
Decision Date:	11/13/2014	UR Denial Date:	09/10/2014
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 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 52 year old female who reported low back pain from injury sustained on 11/21/13 while lifting totes. MRI of the lumbar spine revealed degenerative disc disease, facet arthropathy with increased lumbar lordosis and grade 1 anterolisthesis at L3-4, retrolisthesis at L3-4 and L5-S1 with bilateral L5 spondylosis; neural foraminal narrowing at L3-4 that is mild, moderate and severe at L5-S1. . Patient is diagnosed with acute lumbosacral strain with L3 to S1 disc disease with anterolisthesis and foraminal narrowing; left sided radiculopathy. Patient has been treated with medication, chiropractic and physical therapy. Per medical notes dated 06/20/14, patient complains of low back pain radiating to left leg, pain is rated at 8/10. Examination revealed decreased range of motion and tenderness to palpation of the lumbosacral region. Per medical notes dated 08/22/14, patient complains of low back pain radiating to left side. Pain is rated at 8/10. Patient is unable to lie on side. Examination revealed tenderness in the lumbosacral region with spasm, left paravertebral lumbar region and range of motion is 25% of normal. Provider requested initial trial of 8 acupuncture treatments for lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2x week x 4 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 not had prior Acupuncture treatment. Provider requested initial trial of 2X4 acupuncture treatments. 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. Acupuncture is used as an option when pain medical is reduced or not tolerated, which is not documented in the provided records. Per guidelines and review of evidence, 8 Acupuncture visits are not medically necessary.