

Case Number:	CM14-0166151		
Date Assigned:	10/13/2014	Date of Injury:	02/03/2004
Decision Date:	11/13/2014	UR Denial Date:	09/05/2014
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 Board Certified 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 53 year old male who reported neck and low back pain from injury sustained on 02/03/04 due to lifting injury. MRI of the lumbar spine revealed moderate disc space narrowing at L4-5 with degenerative endplate changes, 9 mm posterior disc protrusion at L4-5, 1.9 mm posterior disc bulges at L3-4 and L5-S1. Patient is diagnosed with lumbar disc syndrome without myelopathy, radicular neuralgia right leg, cervical spine sprain/strain and headaches. Patient has been treated with medication, physical therapy and acupuncture. Per medical notes dated 06/05/14, patient reports elevated symptoms. He complains of low back pain is constant and moderate mild right inguinal pain is present. Walking with difficulty and using cane. Neck is sore intermittent and moderate. Per medical notes dated 08/18/14, patient complains of neck pain, low back, groin pain radiating into the legs and arms. Pain is always there and intermittent. Patient complains of numbness and tingling in his hands/arms as well as legs, down to his toes. Patient had prior physical therapy which was of no benefit and acupuncture which helps. Provider requested additional 2X6 acupuncture treatments. 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:

Acupuncture 2 times a week for 6 weeks to the cervical/lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck, Acupuncture

Decision rationale: Per MTUS- Section 9792.24.1 Acupuncture Medical treatment Guidelines pages 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 08//18/14, patient reports prior acupuncture treatment helps. Provider requested additional 2X6 acupuncture treatments for neck and low back pain. 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. Requested visits exceed the quantity supported by cited guidelines. Furthermore Official disability guidelines do not recommend acupuncture for neck pain. Per review of evidence and guidelines, 2X6 acupuncture treatments for neck and low back are not medically necessary.