

Case Number:	CM14-0181775		
Date Assigned:	11/06/2014	Date of Injury:	07/07/2007
Decision Date:	12/15/2014	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	11/03/2014

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 a licensed Doctor of 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 45 year old female who reported low back pain from injury sustained on 07/07/07. Mechanism of injury was not documented in the provided medical records. MRI of the lumbar spine revealed L3-4 right lateral disc protrusion. X-rays of the lumbar spine revealed status post anterior body fusion of L5-S1. Patient is diagnosed with lumbar region sprain, lumbar/lumbosacral disc degeneration and lumbar disc displacement. Patient has been treated with medication, therapy, status post anterior lumbar decompression, partial corepectomy, and anterior lumbar fusion. Per medical notes dated 07/21/14, patient complains of low back pain, left leg pain rated at 7/10. Per medical notes dated 10/13/14, patient complains of low back pain rated at 7/10. Examination revealed tenderness to palpation, decreased range of motion and lumbar spine muscle spasm. Provider requested initial trial of 12 acupuncture sessions for lumbar spine which were modified to 6 by the utilization reviewer.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient acupuncture three times a week for four 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. Per medical notes dated 10/13/14, patient complains of low back pain rated at 7/10. Provider requested initial trial of 3X4 acupuncture sessions for lumbar spine which was modified to 6 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, the request for 12 Acupuncture visits is not medically necessary.