

Case Number:	CM14-0082276		
Date Assigned:	07/21/2014	Date of Injury:	11/20/2012
Decision Date:	10/06/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	06/03/2014

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 62 year old male who reported low back, neck, rib and left knee pain from injury sustained on 11/20/12 after being pushed onto the floor while working as a security officer. X-rays of the lumbar spine revealed diffuse idiopathic skeletal hyperostosis with severe calcification along the longitudinal ligament of the lumbar spine. Patient is diagnosed with lumbar ligament and muscle sprain/strain; bilateral L5 radiculopathy of lumbar spine; lumbar disc disease; status post left knee arthroscopy, partial meniscus resection and cervical disc disease. Patient has been treated with medication, epidural injection, physical therapy and acupuncture. Per medical notes dated 03/28/14, patient complains of low back with radiating pain into bilateral legs and posterior thighs, worse with prolonged sitting, standing and repetitive bending. Per medical notes dated 05/05/14, patient complains of dull aching pain of the low back and rates it 9-10/10. Pain is unchanged from previous exams, Rest and medication helps alleviate the pain. Repetitive use, activities at home and at work worsen the pain. Examination revealed decreased range of motion of the lumbar spine and tenderness to palpation over the lumbar paraspinal muscles. Provider is requesting additional 2X3 acupuncture treatments for the lumbar and left leg pain. 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:

ADDITIONAL ACUPUNCTURE TO THE LUMBAR/LEFT LEG 2X3: 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. 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, additional 2X3 acupuncture treatments for lumbar and left leg are not medically necessary.