

Case Number:	CM14-0091731		
Date Assigned:	07/25/2014	Date of Injury:	01/16/2013
Decision Date:	08/28/2014	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	06/17/2014

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 56 year old female who reported low back and bilateral knee pain from injury sustained on 01/16/13. Patient tripped and fell forward over a water pipe, hitting both knees and face while twisting her back. MRI of the lumbar spine revealed multi level degenerative disc disease; central canal stenosis at L3-4 and L4-5; at L5-S1 disc protrusion contributing to severe left neural foraminal narrowing. Patient is diagnosed with Lumbar strain, Lumbar radiculopathy and Lumbar degenerative disc disease. Patient has been treated with medication, therapy and acupuncture. Per acupuncture progress notes dated 09/23/13, patient notes improvement in pain and function. She is able to drive; she is able to perform overall more activities; she is doing more house work and is able to go up and down off the ground. Patient was considered permanent and stationary 12/30/13. She returns on 05/01/14 under future medical for flare-up of her low back pain. Patient complains of persistent low back pain. She states she has intermittent symptoms with good days and bad days. She remembers that acupuncture had helped in the past, and she would like a round of acupuncture treatment. Currently her pain is rated 3-5/10. Provider requesting 12 acupuncture treatments. Per medical notes dated 06/26/14, her pain level is 5/10 in severity. She also has intermittent lower extremity paraesthesia and radiation of pain down the leg. Requested visits exceed the quantity of acupuncture visits supported by the cited guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for the lumbar spine 2 X 6: 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 09/23/13, patient notes improvement in pain and function. She is able to drive; she is able to perform overall more activities; she is doing more house work and is able to go up and down off the ground. Patient was considered permanent and stationary 12/30/13. She returns on 05/01/14 under future medical for flare-up of her low back pain. Provider requested 12 acupuncture treatments as they provided relief previously. Per guidelines 3-6 treatments are supported for course of Acupuncture with evidence of functional improvement prior to consideration of additional care. Requested visits exceed the quantity of acupuncture visits supported by the cited guidelines. Per review of evidence and guidelines, 2x6 acupuncture treatments are not medically necessary.