

Case Number:	CM14-0095132		
Date Assigned:	09/15/2014	Date of Injury:	06/30/2011
Decision Date:	10/15/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/23/2014

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 49 year old male who reported low back pain from injury sustained on 06/30/11 due to slip and fall. MRI of the lumbar spine dated 09/20/11 revealed disc degeneration at L5-S1 with annular disc bulge and small left paracentral/ lateral disc protrusion; mild narrowing at left S1 lateral recess. Patient is diagnosed with lumbar disc pathology, lumbar sprain, lumbar degenerative disc disease, and myofascial pain syndrome. Patient has been treated with medication, physical therapy, TENS, epidural steroid injection, and extensive acupuncture. Per medical notes dated 02/28/14, patient complains of low back pain radiating to left hip and left lower extremity. Pain is rated at 7-8/10. He states it is better than last time. Pain is better with acupuncture and floor stretches. Examination revealed tenderness in the lumbosacral spine and paraspinal muscle with minimal stiffness. Per medical notes dated 05/09/14, patient complains of low back pain radiating to left lower extremity. Pain is rated 8/10 and pain without medication and acupuncture is 10/10. Pain is better with sitting, stretching and bending. Examination revealed tenderness in the lumbosacral spine and has decreased lordosis with stiffness and spasm. Patient has had 24 acupuncture sessions. Provider is requesting additional acupuncture treatment. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Patient hasn't had any long term symptomatic or functional relief with acupuncture care. 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 for Lumbar: 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 24 acupuncture treatments. Primary treating physician is requesting additional acupuncture sessions. Patient reported symptomatic improvement with acupuncture; however, there is lack of evidence that prior acupuncture care was of any functional benefit. 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, Acupuncture Treatments are not medically necessary.