

Case Number:	CM14-0193923		
Date Assigned:	12/01/2014	Date of Injury:	03/09/2001
Decision Date:	01/16/2015	UR Denial Date:	11/17/2014
Priority:	Standard	Application Received:	11/19/2014

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, 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 55 year old female who reported low back pain from injury sustained on 03/09/01. Mechanism of injury was not documented in the provided medical notes. Patient is diagnosed with displacement of lumbar intervertebral disc without myelopathy, lumbosacral spondylosis without myelopathy, lumbosacral radiculopathy, lumbosacral joint ligament sprain, status post L4-5 lumbar fusion. Patient has been treated with lumbar fusion surgery, medication, therapy and acupuncture. Per medical notes dated 10/29/14, patient complains of improvement of right foot pain with acupuncture. Examination revealed increased lumbar spine range of motion; paraspinal spasm and midline tenderness in the lumbar spine has decreased. Per medical notes dated 11/12/14, patient completed 6 sessions of acupuncture for her low back pain. She complains of pain in her lumbosacral region and right groin area. After 6 sessions of acupuncture her pain relieved more than 60% and lumbosacral range of motion has increased; she also reports improved tolerance to sitting, walking and standing. Provider requested additional 1x4 acupuncture treatments which were denied by the utilization review. Therefore, the Utilization Review decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued acupuncture sessions for lumbar spine 1 x 4: Overturned

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 11/12/14, patient completed 6 sessions of acupuncture for her low back pain. She complains of pain in her lumbosacral region and right groin area. After 6 sessions of acupuncture her pain relieved more than 60% and lumbosacral range of motion has increased; she also reports improved tolerance to sitting, walking and standing. Provider requested additional 1x4 acupuncture treatments which were denied by the utilization review. Medical reports reveal little evidence of changes and improvement in findings, revealing a patient who has not achieved objective functional improvement to warrant additional treatment. Patient reported increased range of motion and increased tolerance to sitting, standing and walking. 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, 1x4 acupuncture treatments are medically necessary.