

Case Number:	CM14-0143785		
Date Assigned:	09/12/2014	Date of Injury:	07/25/2012
Decision Date:	10/07/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	09/05/2014

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 Physical Medicine and Rehabilitation 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 60-year-old male whose date of injury was 7/25/2012 he is had low back pain radiating down the lower extremities. His examinations have revealed increased tone and tenderness to palpation of the para-lumbar musculature, the thoraco-lumbar junction and the L5-S1 facets. There are also muscle spasms noted and diminished lumbar range of motion. The injured worker has had 16 acupuncture sessions, 14 chiropractic sessions, and a lumbar epidural steroid injection. Electrodiagnostic studies have revealed evidence of an acute right-sided L5 radiculopathy. He is scheduled to have a multilevel microdiscectomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Acupuncture treatment, QTY: 6 sessions, for the services dates of 6/12/14 to 8/5/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Back Section, Acupuncture.

Decision rationale: . Evidence for the benefit of acupuncture is conflicting, with higher-quality trials showing no benefit. According to a recent NEJM review, there is continuing debate in the

medical community regarding the role of the placebo effect in acupuncture, and the most recent well-powered clinical trials of acupuncture for chronic low back pain showed that sham acupuncture was as effective as real acupuncture. ODG Acupuncture Guidelines: Initial trial of 3-4 visits over 2 weeks With evidence of reduced pain, medication use and objective functional improvement, total of up to 8-12 visits over 4-6 weeks (Note: The evidence is inconclusive for repeating this procedure beyond an initial short course of therapy.) In this instance, a review of the records does not show objective evidence of functional improvement as a consequence of having acupuncture previously. Additionally, the injured worker had received a total of 16 acupuncture treatments prior to the date of this retroactive request. Therefore, because of the lack of documentation of functional improvement with prior treatments and because of the quantity of acupuncture treatments delivered so far, acupuncture treatments, QTY: 6 sessions, for the services dates of 6/12/14 to 8/5/2014, is medically unnecessary.