

Case Number:	CM13-0015550		
Date Assigned:	12/27/2013	Date of Injury:	01/04/1996
Decision Date:	04/18/2014	UR Denial Date:	08/22/2013
Priority:	Standard	Application Received:	08/23/2013

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 Illinois. 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 patient is a 63 year old female that reported an injury on 1/4/96. The mechanism of injury was a fall. The clinical notes dated 8/21/12 noted that the patient has undergone physical therapy, Botox injections of the piriformis, history of percutaneous piriformis release in 2010 with good results, and trigger point injections. The last MRI was taken on 10/9/09, and showed disk degenerations at L4-L5 and L5-S1, and some disk bulging, but no herniations. The patient is noted to not have had any therapy in years. She uses a TENS unit and a history of acupuncture that the patient found helpful, and a history of massage that was helpful. The patient complained of middle low back pain that radiates to the left buttock and to the left lateral hip; the level of pain reported was a constant 5-8/10 without medication, and 3-4/10 with medication. The patient complained that cold weather, lifting, and bending exacerbate the pain. TENS, ice, and pain medication decreased the pain. Current medications are Prozac 20mg, 4 tablets daily; Norco 10/325mg, 4 tablets a day; and generic Nyquil for sleep. The patient has undergone gallbladder surgery, and a lumpectomy of the left breast. The patient complains that the pain kept her from walking for more than 15 minutes, and sitting or standing for more than a half hour. On examination, it was noted that the patient had palpable tenderness in the mid lumbar spine and the left buttock. The patient was able to flex to about 85 degrees, extend to about 20 degrees, right/left lateral bend to about 30 degrees, and slightly decreased rotation bilaterally. Pain was noted with internal rotation of the right hip and the buttock area itself.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE TO THE SCIATIC/LUMBAR, 1 TIME A WEEK FOR 12 WEEKS:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The California MTUS states that acupuncture is used as an option when pain medication is reduced or not tolerated. It may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The time to produce functional improvement is 3-6 treatments, and the optimum duration is 1-2 months. Guidelines state that acupuncture treatments may be extended if functional improvement is documented. The documentation that was provided noted that the patient had not had therapy in years, but used a TENS unit which helped. The patient's pain medication was not decreased. The documentation did not provide the effectiveness of the prior acupuncture treatments. There was not clear objective documentation to justify the reasoning for the acupuncture. Therefore the request is non-certified.