

<b>Case Number:</b>	CM13-0023639		
<b>Date Assigned:</b>	11/15/2013	<b>Date of Injury:</b>	11/18/2003
<b>Decision Date:</b>	01/03/2014	<b>UR Denial Date:</b>	08/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/12/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 physician 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.

### 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 IMR application lists the injury date as 11/18/2003 and shows a dispute with the 8/23/13 UR decision. The 8/23/13 UR decision is from [REDACTED] and is based on the 8/7/13 medical report, and recommends non-certification for acupuncture x6 for the low back, and bilateral hip x-rays x2. The 8/7/13 Medical report is by [REDACTED], NP/[REDACTED], and states the patient is a 74 YO, F, with accepted injury to the low back, right shoulder, bilateral ankles/feet and left wrist. She saw [REDACTED] on 4/17/13 and had x-rays of the hips done that day. He told her she could have bone on bone and did a hip injection that improved her symptoms, but she still had achiness. She reported the acupuncture helped, but could not give specifics, but she has relief for several days. She reported less heaviness in her legs when she drives. She did not notice a reduction in her medications, but she only uses a limited amount of ibuprofen and Flector patches.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture for 6 sessions for low back pain:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** The 5/15/13 acupuncture report from [REDACTED] LAc, shows improvement in sitting duration and she is able to walk without a cane and was able to perform her stretching.

This was with 6 sessions of acupuncture, but she still had some cramping in the bilateral calves but with the improvements with ability to stretch and walk, she was able to alleviate these. The more current report shows the patient is again using a cane to ambulate, and the physician requested 6 sessions of acupuncture. The request appears to be in accordance with the Acupuncture treatment guidelines, the patient had improvement in ADLs and reduction in the dependency on continued medical treatment.

**Bilateral hip x-rays QTY: 2:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip, X-rays..

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip, X-rays..

**Decision rationale:** The records indicate the patient had x-rays of the hips on 4/17/13 apparently showing arthritis, and she had hip injections on that day. There is no mention of subsequent trauma or discussion of any progressive condition on prior radiographs that is of concern. The reports state that the accepted body parts are the low back, right shoulder bilateral ankles and left wrist. There was no discussion of injury to the bilateral hips. The 8/7/13 report notes she had trochanteric bursa pain and was walking with a cane. ODG states hip x-rays are routinely indicated for severe trauma and can identify patient's at risk for developing osteoarthritis. Since there has been no severe trauma and the patient has already been identified as having osteoarthritis, the bilateral hip radiographs x2 are not in accordance with ODG guidelines