

Case Number:	CM13-0023886		
Date Assigned:	11/15/2013	Date of Injury:	12/04/2012
Decision Date:	03/10/2014	UR Denial Date:	09/04/2013
Priority:	Standard	Application Received:	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 Anesthesiology has a subspecialty in Pain Management and is licensed to practice in Florida. 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. 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 reported an injury on 12/04/2012. The patient is currently diagnosed with lumbago, lumbar radiculitis/neuritis, and lumbar sprain/strain. The patient was seen by [REDACTED] on 07/25/2013. The patient reported severe lower back pain with radiation to the bilateral hips. Physical examination revealed tenderness to palpation, positive Kemp's testing, normal range of motion, tenderness over the greater trochanter of the bilateral hips, normal hip range of motion, and an antalgic gait. Treatment recommendations included prescriptions for Norco and Neurontin, a Functional Capacity Evaluation, and a course of acupuncture treatment for the lumbar spine twice per week for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 times a week for 6 weeks, lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: California MTUS Guidelines state acupuncture is used as an option when pain medication is reduced or not tolerated, and may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The time to produce

functional improvement includes 3 to 6 treatments with a frequency of 1 to 3 times per week. As per the documentation submitted, the patient's physical examination on the requesting date only revealed tenderness to palpation. The patient demonstrated normal lumbar spine and hip range of motion. There was no indication that the patient's pain medication has been reduced or is not tolerated. There is also no documentation of this patient's active participation in a physical rehabilitation program. The current request for acupuncture treatment twice per week for 6 weeks exceeds guideline recommendations for initial 3 to 6 treatments. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.