

Case Number:	CM13-0025449		
Date Assigned:	11/20/2013	Date of Injury:	12/10/2011
Decision Date:	01/24/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	09/18/2013

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 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:

A doctor's first report regarding an injury of 12/10/2011 describes an initial examination of 08/23/2013. That report reviews the initial mechanism of injury when the patient was helping to unload 60-pound boxes and developed back pain with numbness in her left lower extremity. Past treatment was reviewed, which include physical therapy and electrical stimulation with temporary improvement of symptoms as well as MRI and EMG evaluations, which were normal. The patient reported that she had seen a pain specialist in October 2012 and received a form of invasive pain management. The patient also had received acupuncture which provided temporary relief of pain. On exam, the patient had tenderness to palpation with spasm over the left sacroiliac joint and bilateral paraspinals with positive straight leg raising on the left and negative on the right and with a positive FABER test and Gaenslen test. Additional acupuncture was requested, noting that prior pain relief was noted including a decrease in prescription medication in use and improvement in ability to perform activities of daily living. A pain management consultation was also discussed for consideration of a left sacroiliac joint injection. An initial physician review concluded that the medical records did not support an indication for additional acupuncture as the California guidelines would support special consultation specifically in the presence of red flag issues.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional acupuncture 2x3 to lumbar spine, LLE, R foot: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The California Medical Treatment Utilization Schedule, Acupuncture Medical Treatment Guidelines, Section 24.1, recommends, "Acupuncture treatments may be extended if functional improvement is documented as defined in section 92.20." In turn, that section states, "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 performed and documented." The medical records do not document objective functional improvement meeting these criteria but rather the records document subjective improvement from past acupuncture, and the current goals primarily relate to pain rather than function. This request is not medically necessary.

Pain management consult discussed regarding L SI joint injection: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, SI Joint Injections

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 45.

Decision rationale: ACOEM Guidelines, Chapter 3 Treatment, page 45, states, "Variance from expectations: If the patient is not recovering as he or she expects, the patient and clinician should seek reasons for the delay and address them appropriately." A prior physician review recommended non-certification given the lack of red flags and the lack of indication for a sacroiliac injection. The prolonged nature of this patient's condition and lack of recovery is sufficient to support further evaluation. The request is for a consultation and not specifically for a sacroiliac joint injection. Therefore, the consultation would be broad and would cover multiple treatment options which may be helpful given the patient's persistent symptoms over a prolonged period of time. The guidelines do support this additional consultation at this time given the patient's lack of improvement so far. This request is medically necessary.