

Case Number:	CM13-0031096		
Date Assigned:	12/04/2013	Date of Injury:	09/30/2012
Decision Date:	01/30/2014	UR Denial Date:	09/19/2013
Priority:	Standard	Application Received:	10/02/2013

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 Internal Medicine, has a subspecialty in Cardiovascular Disease and is licensed to practice in Texas. 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 is a 60-year-old male who reported a work-related injury on 09/30/2012. The specific mechanism of injury was not stated. The patient presents for treatment of the following diagnoses: lumbar spine radiculopathy and lumbar spine disc bulge. The clinical note dated 08/02/2013 reports the patient was seen in clinic under the care of [REDACTED]. The provider documents the patient continues to have complaints of low back pain radiating down the left lower extremity with weakness. The provider documents the patient recently underwent epidural steroid injections, and is slowly improving with medication and acupuncture rating his pain at 4/10. The provider documented upon physical exam of the patient tenderness in the lumbar spine at L3 through L5 and associated paraspinal muscles. There was a positive Kemp's test bilaterally, positive straight leg raise testing on the left, and decreased sensation in the path of L4, L5, S1 dermatomes on the left. There was weakness with toe raising on the left compared to the right. Weakness in the left 1st toe was also noted. [REDACTED] recommended authorization for the patient to undergo a Functional Capacity Evaluation, acupuncture 1 time a week for 4 weeks for the lumbar spine and left leg as well as physical therapy interventions 2 times a week for 6 weeks. A follow-up clinic note dated 09/04/2013 reported the patient was again seen under the care of [REDACTED]. The provider documents the patient continues to present with lumbar spine pain, weakness down the bilateral lower extremities, and reports pain increase status post epidural injections rated at a 3/10. The provider documented tenderness upon physical exam of the patient at the lumbar spine at L3 through L5 and associated paraspinal muscles, positive Kemp's testing bilaterally, positive straight leg raise testing to the left, and decreased sensation in the path of the L4, L5, and S1 dermatomes on the left. There was weakness with toe raising on the left c

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 1 X 4 with ultrasound: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation 9792.20 Medical Treatment Utilization schedule- Definitions

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The current request is not supported. As the provider documents, the patient is being recommended for multiple treatment modalities for continued lumbar spine pain complaints and left lower extremity radiculopathy. The patient was certified for a course of physical therapy interventions in mid-August 2013, the patient has utilized epidural steroid injections, with minimal benefit of lumbar spine pain. [REDACTED] documented a recommendation for the patient to undergo an orthopedic surgical consultation on 09/04/2013. As the patient is a possible surgical candidate, the current request is not supported. In addition, the clinical notes did not evidence the patient's current medication regimen, or if the patient had previously utilized acupuncture treatment and the efficacy of treatment. Acupuncture Medical Treatment Guidelines indicate acupuncture is used as an option when pain medications are reduced or not tolerated and it may be used as an adjunct to physical rehabilitation or surgical intervention to hasten functional recovery. Time to produce functional improvement is 3 to 6 treatments. However, given that the patient is a surgical candidate, and the lack of documentation evidencing the patient's current medication regimen, the request for Acupuncture 1 X 4 with ultrasound is neither medically necessary nor appropriate.