

Case Number:	CM13-0052053		
Date Assigned:	12/27/2013	Date of Injury:	10/13/2012
Decision Date:	03/21/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/15/2013

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 & 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. 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 34-year-old male who reported an injury on 10/13/2012. The patient was reportedly injured when he ran into a pallet jack handle, causing injury to his chest, stomach, and back. The patient is diagnosed with lumbar facet arthropathy, lumbar annular tear, and costochondritis. The patient was seen by [REDACTED] on 09/18/2013. The patient reported ongoing chest, low back, and right wrist pain. Physical examination revealed diminished sensation in the right lower extremity, tenderness to palpation over the flexor and extensor tendons of the right wrist, as well as the left greater trochanter and tensor fascia. The patient also demonstrated tenderness to palpation over the left costosternal joints. Treatment recommendations included acupuncture once per week for 10 weeks for the lower back, as well as a figure 8 brace for costochondritis pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture (10 sessions): 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 medications 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 only revealed diminished sensation in the right lower extremity with tenderness to palpation. There was no documentation of a significant musculoskeletal or neurological deficit. Additionally, the request for acupuncture treatment x10 weeks exceeds guideline recommendations. Based on the clinical information received, the request is non-certified.

A figure 8 brace:

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: California MTUS/ACOEM Practice Guidelines state lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The patient's physical examination only revealed diminished sensation in the right lower extremity with tenderness to palpation. There was no documentation of a significant musculoskeletal deficit. There was also no documentation of significant instability. The medical necessity has not been established. Therefore, the request is non-certified.