

Case Number:	CM14-0001815		
Date Assigned:	04/28/2014	Date of Injury:	08/26/2013
Decision Date:	06/16/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/06/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert 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 expert 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 injured worker is a 57 year old female with a reported injury date on 05/26/2013. The mechanism of injury was not provided. Diagnoses include sprain and strain; lumbar, bursitis, left hip and iliotibial band friction syndrome. The clinical note dated 12/17/2013 noted that the injured worker reported left sacroiliac area pain and left buttock pain that radiates along the lateral thigh and knee. The objective findings included mild tenderness and spasm to the lumbosacral spine, tenderness to the left trochanter bursa, and tight iliotibial band's bilaterally. It was also noted that the injured worker was not currently prescribed medication and had received prior acupuncture treatments x 6 that were helpful. The request for authorization for 6 sessions of additional acupuncture and exercise foam roller for home physical therapy was submitted on 12/17/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 SESSIONS OF ADDITIONAL ACUPUNCTURE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The request for 6 sessions of additional acupuncture is not medically necessary. It was noted that the injured worker reported left sacroiliac area pain and left buttock pain that radiates along the lateral thigh and knee. The objective findings included mild tenderness and spasm to the lumbosacral spine, tenderness to the left trochanter bursa, and tight iliotibial band's bilaterally. It was also noted that the injured worker was not currently prescribed medication and that they have received prior acupuncture treatments x 6 that were helpful. The California MTUS guidelines state that acupuncture can be used as an option when pain medication is reduced or not tolerated and/or used as an adjunct to physical rehabilitation. The guidelines recommend up to 6 treatments to improve functional improvement which includes a significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam. The medical necessity for additional acupuncture treatment has not been established. The documentation provided noted that the injured worker had received 6 sessions of acupuncture. However, there was no evidence provided in the documentation to suggest that the injured worker gained significant improvement in activities of daily living or a reduction in work restrictions. Additionally, there was no documentation that the injured worker has tried other conservative care treatments as it was noted that the injured worker was not currently prescribed any medication. As such, the request for 6 sessions of additional acupuncture is not medically necessary.

EXERCISE FOAM ROLLER FOR HOME PHYSICAL THERAPY: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EXERCISE Page(s): 47-48.

Decision rationale: The request for exercise foam roller for home physical therapy is not medically necessary. It was noted that the injured worker reported left sacroiliac area pain and left buttock pain that radiates along the lateral thigh and knee. The objective findings included mild tenderness and spasm to the lumbosacral spine, tenderness to the left trochanter bursa, and tight iliotibial band's bilaterally. It was also noted that the injured worker was not currently prescribed medication and that they have received prior acupuncture treatments x 6 that were helpful. The California MTUS guidelines state that exercise programs especially programs that include aerobic conditioning and strengthening are recommended, however there is no sufficient evidence to support the recommendation of any particular exercise regimen over another. Based on the documentation provided, the medical necessity for this request has not been established. It is unclear whether the injured worker has benefited from use of a foam roller in the past and if the injured worker has an understanding on how to properly use the equipment. Furthermore, it also remains unclear whether the home program has been beneficial as there is no evidence in the available clinical documentation that shows significant functional improvement. As such, the request is not medically necessary.