

<b>Case Number:</b>	CM14-0018419		
<b>Date Assigned:</b>	04/23/2014	<b>Date of Injury:</b>	05/08/2012
<b>Decision Date:</b>	07/02/2014	<b>UR Denial Date:</b>	02/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/13/2014

### 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 & 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 29-year-old female who reported an injury on 05/08/2012, secondary to a fall. Current diagnoses include lumbar disc displacement, radiculitis in the lower extremity, rule out left medial meniscal tear, rule out left knee lateral meniscal tear and right knee sprain/strain. The injured worker was evaluated on 12/23/2013. The injured worker reported persistent lower back pain with muscle spasm, associated numbness and tingling in the bilateral lower extremities, and activity limitation. The injured worker also reported 8/10 knee pain with muscle spasm and activity limitation. The injured worker reported relief of symptoms with medication, rest and activity modification. Physical examination on that date revealed a normal gait, paraspinal muscle guarding, palpable tenderness, 2+ tenderness over the spinous processes at L3-5, limited lumbar range of motion, positive straight leg raising on the left, 2+ tenderness at the medial and lateral joint lines of the bilateral knees, limited left knee range of motion and positive McMurray's testing and Lachman's testing on the left. The injured worker also demonstrated decreased sensation to pinprick and light touch at the L5 and S1 dermatomes in the left lower extremity as well as 4/5 strength in the bilateral lower extremities. Treatment recommendations at that time included x-rays of the lumbar spine and bilateral knees, a TENS unit, a hot/cold unit, a course of physical therapy and acupuncture treatment, shockwave therapy, a Functional Capacity Evaluation, an MRI of the lumbar spine and bilateral knees, and electrodiagnostic studies of the bilateral lower extremities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**COMPLETE FUNCTIONAL IMPROVEMENT MEASURES EVERY 30 DAYS WHILE UNDERGOING TREATMENT: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 33.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92. Decision based on Non-MTUS Citation Occupational Medicine Practice Guidelines, 2nd Edition (2004).

**Decision rationale:** California MTUS/ACOEM Practice Guidelines state referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or an agreement to a treatment plan. There is no clear rationale for completing functional improvement measures every 30 days. The injured worker is pending several physical modalities including extracorporeal shockwave treatment, TENS therapy, acupuncture and physical therapy. The injured worker is also pending imaging and electrodiagnostic studies. A Functional Capacity Evaluation has also been requested. The medical has not been established. Therefore, the request is not medically necessary.

**STP CONSULTATION: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92. Decision based on Non-MTUS Citation Occupational Medicine Practice Guidelines, 2nd Edition (2004).

**Decision rationale:** California MTUS/ACOEM Practice Guidelines state referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or an agreement to a treatment plan. It is not clear what STP stands for. An STP consultation may very well be a pain consultation; however, there is no clear rationale for a pain management consultation. The injured worker is pending several physical modalities including extracorporeal shockwave therapy, physical therapy, acupuncture and TENS therapy. The injured worker is also pending imaging and electrodiagnostic studies. The medical necessity has not been established.

**INITIAL 6 SESSIONS OF ACUPUNCTURE: 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. The time to produce functional improvement includes 3 to 6 treatments. There is no specific body part listed in the current request. The current request for acupuncture therapy 3 times a week for 2 months greatly exceeds guideline recommendations. Therefore, the current request is not medically appropriate. As such, the request is not medically necessary.

**ONGOING ACUPUNCTURE 3 TIMES A WEEK FOR 2 MONTHS QTY: 24 IF FUNCTIONAL IMPROVEMENT IS PRODUCED:** 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. The time to produce functional improvement includes 3 to 6 treatments. There is no specific body part listed in the current request. Therefore, the current request is not medically appropriate. The current request for acupuncture therapy 3 times a week for 2 months greatly exceeds guideline recommendations. As such, the request is not medically necessary.