

Case Number:	CM14-0112104		
Date Assigned:	09/22/2014	Date of Injury:	04/01/2013
Decision Date:	11/10/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	07/17/2014

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 Family Medicine and is licensed to practice in Utah. 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 patient is a 50 year-old male. The patient's date of injury is 4/01/2013. The mechanism of injury was described as being stuck on the left hip by a pallet of lumber and landing on his back. The patient has been diagnosed with left leg radiculopathy, lumbar lipomatosis, and facet disorder, L4-L5 grade 1 spondylolisthesis, left hip contusion. The patient's treatments have included imaging studies, and medications. The physical exam findings dated 1/23/2014 shows the patient is in no apparent distress. The lumbar exam revealed a decreased range of motion with flexion and extension. There is tenderness in the paraspinals, left greater than right. There is a positive Kemp's sign on the left. There is also a straight leg test noted bilaterally. The patient's medications have included, but are not limited to, hydrocodone, Tramadol, Ibuprofen, Carisoprodol, Naproxen, Elavil, Ambien, and Omeprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 times per week times 6 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Acupuncture. MTUS guidelines state the following: initial trial of 3-6 visits over 3 weeks. The request exceeds the recommended amount of Acupuncture recommended. According to the clinical documentation provided and current MTUS guidelines; Acupuncture is not indicated as a medical necessity to the patient at this time.