MAXIMUS Federal Services

Case Number:	CM14-0114409		
Date Assigned:	08/04/2014	Date of Injury:	04/28/2006
Decision Date:	09/10/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	07/22/2014

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 51-year-old female who reported injury on 04/28/2006. The mechanism of injury was a motor vehicle accident. Her medications have included Cyclobenzaprine, Gabapentin, Nucynta ER, Medrox cream and Zolpidem. Prior treatments include physical therapy. The injured worker underwent an MRI of the lumbar spine and an EMG/NCV. The documentation of 07/11/2014 revealed the injured worker had neck pain, low back pain and bilateral knee pain. The physical examination revealed the injured worker had decreased range of motion, with flexion limited to 40 degrees, and it was noted to be limited by pain. The injured worker had tenderness bilaterally upon palpation of the paravertebral muscles. Palpation of the spinous process revealed tenderness at L1, L2, L3, L4 and L5. The diagnoses included sprains and strains of the lumbar region, thoracic or lumbosacral neuritis or radiculitis not otherwise specified, pain in the joint of the lower leg, and skin sensation disturbance. The treatment plan included an appeal for bilateral lumbar epidural steroid injections, 2 sessions of aquatic therapy, MRI of the lumbar spine, and referral to a pain psychologist. The subsequent documentation of 07/15/2014 revealed the injured worker had previously undergone 2 total knee replacements and 4 lumbar epidural steroid injections, which gave approximately 6 weeks of relief. The injured worker continued to complain of pain. The physician documented the injured worker was noted to have functional improvement and decreased pain flare-ups with acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Additional Acupuncture Therapy Visits for the Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines,Chronic Pain Treatment Guidelines Page(s): 13.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The California MTUS Guidelines indicate that acupuncture is used as an option when pain medication is reduced or not tolerated, and it is recommended as an adjunct to physical rehabilitation. Acupuncture treatments may be extended if functional improvement is documented, including either a clinically significant improvement in activities of daily living or a reduction in work restrictions. The clinical documentation submitted for review indicates the injured worker has previously undergone acupuncture therapy. However, there is a lack of documentation of objective functional improvement including either a clinically significant improvement in activities of daily living or a reduction in work restrictions. There was a lack of documentation indicating the injured worker had pain medication that was reduced or not tolerated. The clinical documentation submitted for review failed to indicate the injured worker would be utilizing the therapy as an adjunct to physical medicine treatment. Given the above, the request for 8 additional acupuncture therapy visits for the lumbar spine is not medically necessary.