

Case Number:	CM14-0124438		
Date Assigned:	08/08/2014	Date of Injury:	11/21/2013
Decision Date:	09/17/2014	UR Denial Date:	07/13/2014
Priority:	Standard	Application Received:	08/06/2014

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 & Rehabilitation and Pain Medicine and is licensed to practice in Texas and Ohio. 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 an injury on 11/21/2013 after taking down a heavy tote from a stack above shoulder height. The injured worker had diagnoses of lumbosacral sprain and thoracic region sprain. Her past treatments included back support, 12 sessions of chiropractic therapy, 8 sessions of physical therapy and lumbar epidural cortisone injections. The MRI dated 02/18/2014 revealed degenerative disc disease and facet arthropathy with increased lumbar lordosis with a grade 1 anterolisthesis L3-4, retrolisthesis at L4-5 and grade 2 anterolisthesis at the L5-S1 with bilateral L5 spondylosis and levoscoliosis. Also noted were neural foraminal narrowing at the L3-4, mild to moderate bilaterally, and L5-S1 severe bilateral neural foraminal narrowing with a contact of the exiting L5 nerve roots noted. The injured worker complained of persistent lower back pain that radiates to the left leg. The clinical notes dated 04/11/2014 indicate exam of the lumbar spine revealed tenderness at the lumbosacral region with range of motion of 50% normal. The sensory examination revealed intact to light touch with pinprick in all dermatomes to the lower level. The motor strength examination revealed a 5/5 bilateral hip flexors and extensors. Results were negative on Babinski's, Hoffman's, and clonus testing. The medications included Tramadol and Flexeril with a reported pain level of 8/10 using the visual analog scale (VAS). The treatment plan included continuing with heat and exercise program and recommended acupuncture treatments twice weekly for 4 weeks, lumbar epidural cortisone injection, lumbar support, and continuing with the medication regimen. The rationale for the acupuncture treatment was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture, x 8 sessions,: 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 acupuncture x 8 is not medically necessary. The California MTUS Guidelines indicate that acupuncture is used as an option when pain medication is reduced or not tolerated and state that it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. It is the insertion and removal of filiform needles to stimulate acupoints (acupuncture points). Needles may be inserted, manipulated, and retained for a period of time. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. The clinical notes did not indicate that the injured worker's medication was being reduced or not tolerated. The objective findings were vague. The physical therapy notes were not legible. As such, the request cannot be considered medically necessary or appropriate.