

Case Number:	CM14-0132964		
Date Assigned:	08/22/2014	Date of Injury:	06/01/2013
Decision Date:	11/05/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/19/2014

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 Chiropractic and is licensed to practice in Texas. 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 56-year-old male who reported an injury on 06/01/2013. The mechanism of injury was the injured worker slipped on product that had been placed on concrete to seal it. The injured worker fell when his leg got caught, and it pulled and turned his leg and tore his Achilles tendon. The injured worker's medications included Synovacin and Dendracin. The surgical history was not provided. The injured worker underwent an MRI of the lumbar spine and x-rays of the lumbar spine. The prior treatments included physical therapy, electrical muscle stimulation, trigger point therapy resistive exercises, and acupuncture 2 times a week times 4 weeks. The documentation of 06/18/2014 revealed that the injured worker had constant, severe low back pain that was sharp. The injured worker had decreased range of motion in the lumbar spine. The injured worker had tenderness to palpation over the quadratus lumborum, erector spinae, latissimus dorsi, gluteus and biceps femoris on the right. The injured worker had a positive Kemp's, Elys, and iliac compression test bilaterally. Diagnoses included lumbar sprain and strain with multilevel IVD. The treatment plan included continue acupuncture 1 time a week times 4 weeks, and chiropractic and physiotherapy 1 time a week for 4 weeks. There was no rationale or request for authorization submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 Acupuncture Visits 1 Time a Week for 4 Weeks Lumbar: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The California Medical Treatment & Utilization Schedule guidelines state 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 and/or surgical intervention to hasten functional recovery." The time to produce functional improvement is 3 - 6 treatments. 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. Clinical documentation submitted for review indicated the injured worker had undergone prior acupuncture treatments. However, there was a lack of documentation indicating the quantity of sessions, as well as documentation of a clinically significant improvement in activities of daily living or reduction in work restrictions. Given the above, the request for 4 Acupuncture Visits 1 Time a Week for 4 Weeks Lumbar is not medically necessary.