

Case Number:	CM14-0153574		
Date Assigned:	10/06/2014	Date of Injury:	03/07/2013
Decision Date:	10/30/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/19/2014

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 Occupational Medicine 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:

This patient is a 42 male who has developed chronic low back problems secondary to a slip and fall on 3/7/13. The low back pain is associated with a left S1 radiculopathy that is confirmed by electrodiagnostics and consistent with MRI scans. Surgery has been recommended for his low back. He has been treated with acupuncture and it is clearly documented that any benefits were brief and not lasting. There was no change in function or treatment. The records note a facial and groin rash which is reported to have started after the injury and is also reported by his primary care physician to be related to stress and medication use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six additional 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: MTUS Guidelines recommend a short course of acupuncture on a trial basis and support additional acupuncture if there is improvement in pain and it results in the diminished need for other medical treatment. The ongoing levels of pain and recent request for

surgical intervention do not meet the MTUS standards for an extension of acupuncture. The request for an additional 6 sessions of acupuncture is not medically necessary.

Dermatology Consultation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 79-80.

Decision rationale: MTUS Guidelines supports the use of appropriate specialists when condition is beyond the expertise of the provider. It is clearly documented that the primary treating physician and primary medical provider think there may be an association with the injury due to medications and/or stress. A Dermatological consult is medically necessary to determine causation and/or treatment.