

Case Number:	CM14-0026766		
Date Assigned:	06/13/2014	Date of Injury:	12/08/2010
Decision Date:	07/16/2014	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	03/03/2014

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 Neurological Surgery 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 24-year-old gentleman who was reportedly injured on December 8, 2010. The mechanism of injury is noted as twisting and lifting some boxes. The most recent progress note dated January 27, 2014, indicates that there are ongoing complaints of back pain and left leg pain. The physical examination demonstrated tenderness over the lower lumbar spine from L4 through S1 as well as tenderness proximally in the mid lumbar and thoracic region. Para spinous muscle spasms were present and there was decreased lumbar range of motion. Neurological examination noted decreased sensation on the left-sided S1 dermatome and an absent left ankle reflex. There was a positive left-sided straight leg raise. An MRI (magnetic resonance imaging) of the thoracic spine and acupuncture was recommended. A request was made for acupuncture for the lumbar spine and was not certified in the pre-authorization process on February 3, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE 2-3 TIMES A WEEK FOR 6 WEEKS FOR LUMBAR REGION:

Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to the California MTUS Chronic Pain Medical Treatment Guidelines, acupuncture is used as an option when pain medication is reduced or not tolerated and it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. In this case, there is no documentation in the attached medical record that pain medication has been reduced or is not tolerated by the injured employee. The medical necessity for acupuncture 2-3 times a week for 6 weeks for lumbar region is not established; therefore, the request is not certified.