

Case Number:	CM14-0029664		
Date Assigned:	06/16/2014	Date of Injury:	05/06/2013
Decision Date:	10/09/2014	UR Denial Date:	02/08/2014
Priority:	Standard	Application Received:	03/07/2014

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 and Preventative 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:

The Patient is a 55 year old female with a date of injury of 5/6/13. The patient was injured while attempting to move a large mattress with a customer and experienced back pain. The diagnoses were lumbar radiculopathy, chronic right S1 radiculopathy, thoracic spine sprain/strain. An MRI report of the lumbar spine dated 10/23/13 revealed 2mm disc bulge T12-L1, 1mm L2-L3, 2mm L4-L5 with posterior annular tear and 2mm L5-S1 disc bulge. An EMG/NCS was performed on 12/17/13 and revealed chronic right S1 radiculopathy, no acute lumbar spine radiculopathy, no evidence of entrapment neuropathy at any level. A report dated 1/21/14 showed decreased sensation in the right S1 dermatome, positive right straight leg raise tenderness to palpation in the paravertebral muscles of the thoracic and lumbar spine. According to a 6/5 13 report, the patient has had 4 of 4 sessions of acupuncture and relates that it was very helpful and was able to stand and sit for longer periods of time without discomfort, and her ability to do home activities was improved. A request for 12 sessions of acupuncture has been resubmitted after 4 sessions were approved.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of acupuncture (3 x per week for 4 weeks) to the lumbar spine: 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 3x4 sessions of acupuncture is not medically necessary. According to the treatment notes dated 6/5/13, it was noted that 3 acupuncture sessions had provided both pain relief and improvement in activities of daily living. The patient was able to sit and stand for longer periods without pain and activities at home, such as sweeping and dishwashing were better tolerated. However, there were limited objective findings documented that support the necessity of ongoing acupuncture sessions that demonstrate functional improvement. Medical necessity has not been established.