

Case Number:	CM14-0037857		
Date Assigned:	06/25/2014	Date of Injury:	09/17/2010
Decision Date:	07/29/2014	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	03/31/2014

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 Orthopaedic Surgery and is licensed to practice in Mississippi. 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 was reportedly injured on 9/17/2010. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated 2/6/2014 indicates that there are ongoing complaints of low back pain, left lower extremity numbness and tingling. The physical examination demonstrated musculoskeletal slight decreased lumbar lordosis, positive tenderness to the left L5-S1 paraspinal muscles. Range of motion is decreased for pelvic flexion and strength. Muscle strength left lower extremity is 4 to 4+/5, right is 5/5. Neural exam reveals decreased sensation of the left thigh at the L-4 dermatome to light touch. No recent diagnostic studies are available for review. Previous treatment includes medication such as Diclofenac, Norco, Norflex, Neurontin and a transcutaneous electrical nerve stimulation (TENS) Unit. A request had been made for acupuncture to lumbar spine (quantity 6), and was not certified in the pre-authorization process 2/28/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture to lumbar spine, (Qty:6:00): 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 guidelines do support the use of acupuncture if it is used as a treatment option when pain medication is reduced or not tolerated. It may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. 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. After reviewing the medical records it is noted that the injured worker does have some paraspinal muscle tenderness to palpation, as well as minimal taut bands noted on physical exam. According to the MTUS guidelines, acupuncture is a useful treatment option when pain medications are reduced or not tolerated. In this case, it is noted that diclofenac was discontinued due to the patient not tolerating this medication well. However, there is no documentation stating the claimant does not tolerate the narcotic pain medication or Norflex which they are taking for the treatment of painful muscle spasms. Without further documentation of objective clinical findings to substantiate the need for this intervention, this request is deemed not medically necessary.