

Case Number:	CM14-0041814		
Date Assigned:	07/07/2014	Date of Injury:	02/22/2010
Decision Date:	08/21/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/09/2014

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 Family 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 injured worker's date of injury is 02/22/2010. This patient experienced a slipping sensation with a warm sensation in the back while moving tables. The patient receives treatment for chronic low back pain accompanied by dull, sharp, aching, stabbing, shooting and burning sensations. Previous diagnoses include: lumbar spine sprain and strain, disc bulging L 4-5 and L5-S1, and lumbosacral radiculopathy. The patient complains of additional sites of pain in the left shoulder and left knee. On exam the gait is abnormal, the paravertebral muscles are tender, and lumbar flexion is limited. This patient receives acupuncture treatments. This review covers a request for additional acupuncture treatment sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions for Acupuncture on the Lumbar spine 2x week for 6 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Acupuncture treatments may be extended according to the practice treatment guidelines, if evidence of functional improvement is documented. There is no such

documentation in this case. The request for additional acupuncture treatment for the lower back is not medically indicated.

12 Sessions for Acupuncture on the Left Shoulder 2x week for 6 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Acupuncture treatments may be extended according to the practice treatment guidelines, if evidence of functional improvement is documented. There is no such documentation in this case. The request for additional acupuncture treatment for the left shoulder is not medically indicated.

12 Sessions for Acupuncture on the Left knee 2x week for 6 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Acupuncture treatments may be extended according to the practice treatment guidelines, if evidence of functional improvement is documented. There is no such documentation in this case. The request for additional acupuncture treatment for the left knee is not medically indicated.

Keto Cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: Topical analgesic products are not medically indicated, because their use is considered experimental at this time. Keto cream contains an NSAID (ketoprofen). Topical NSAIDS are not medically indicated for chronic pain, as their benefit is short lived, typically 2 weeks. Keto cream is not medically indicated.