

Case Number:	CM14-0055389		
Date Assigned:	07/09/2014	Date of Injury:	10/14/1999
Decision Date:	08/07/2014	UR Denial Date:	04/10/2014
Priority:	Standard	Application Received:	04/24/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 claimant is a 62 year old male presenting with chronic low back pain following a work related injury on 10/14/1999. The claimant was diagnosed with lumbago and muscle spasms. On 3/28/2014, the claimant complained of persistent lower back pain with radiation and numbness to the left lower extremity. According to the medical records, the claimant has pain in the left lumbar area with spasms. He tries to stay active but is limited. He is retired with disability. The claimant's pain is associated with neuropathy in both feet and left thigh sensation of heat. The claimant had epidurals in the past as well as physical therapy and acupuncture. The claimant reported that the acupuncture, physical therapy and Celebrex were effective. The claimant's medications included Celebrex, Cyclobenzaprine and Hydrocodone. A claim was made for Acupuncture and referral to Neurology.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture treatment sessions (1x10) for the lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Acupuncture, page(s) 3 Page(s): 3.

Decision rationale: According to the MTUS Acupuncture Treatment Guidelines, acupuncture is used as an 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. It is the insertion and removal of filiform needles to stimulate acupoints (acupuncture points). Needles may be inserted, manipulated, and retained for a period of time. 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. In this case, there was no attempt to reduce pain medication or use in combination with a physical rehab program. Therefore, the request for acupuncture treatment sessions, once a week for ten weeks for the lumbar spine is not medically necessary and appropriate.

Evaluation and treatment with a neurologist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Treatment Referrals, page(s) 92 and 127.

Decision rationale: Per the ACOEM guidelines page 92 referral may be appropriate if the practitioner is uncomfortable with the condition as outlined above, or was treating a particular cause of delayed recovery (such as substance abuse), or has difficulty obtaining information or agreement to treatment plan... Page 127 of the same guidelines states, the occupational health practitioner may refer to other specialists if the diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. An independent medical assessment may also be useful and avoiding potential conflicts of interest when analyzing causation 01 prognosis, degree of impairment or work capacity requires clarification. A referral may be for: (1) consultation: To aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient. (2) Independent medical examination (IME): To provide medical legal documentation of fact, analysis, and well-reasoned opinion, sometimes including analysis of causality. Based on the evidence based guidelines and the medical records provided for review, the request for evaluation and treatment with a neurologist is not medically necessary and appropriate.