

Case Number:	CM14-0074570		
Date Assigned:	07/16/2014	Date of Injury:	07/30/2013
Decision Date:	08/28/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/22/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 27 year old with an injury date of 7/30/13. Patient complains of pain in the lumbar facet area and thoracic spinal area that has improved, rated at 3/10 per the 4/11/14 report. Patient has no leg symptoms, only occasional posterior right knee strain. Patient also has muscle spasms in his buttocks, and tightening in the back of the knees. Based on the 4/11/14 progress report provided by [REDACTED] the diagnosis is lumbosacral strain, possible facet. Exam on 4/11/14 showed no splinting of lumbosacral spine. Gait pattern is normal, and heel/toe walk causes no increased back pain. Mild tenderness to palpation in the paraspinal area was noted. Normal range of motion of the lumbar spine was noted. Straight leg raise is negative at 90 degrees from seated position. [REDACTED] is requesting acupuncture 2 x 4 weeks for the lumbar spine and transfer of care to a pain management specialist for the lumbar spine. The utilization review determination being challenged is dated 5/1/14. [REDACTED] is the requesting provider, and he provided treatment reports from 8/6/13 to 4/11/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture two times a week for four weeks for the Lumbar Spine, Lumbar Spine
Quantity: 8: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 168.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Review of the reports submitted shows no evidence of prior acupuncture treatments in the patient's past. MTUS Acupuncture Guidelines allow 3-6 sessions of trial before additional treatment sessions are allowed. In this case, the physician has asked for 8 sessions of acupuncture as a trial, which exceeds MTUS Guidelines. As such, the request is not medically necessary.

Transfer of care to a Pain Management specialist for the Lumbar spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 168. Decision based on Non-MTUS Citation Official Disability Guidelines.

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) ACOEM guidelines, chapter 7, page 127.

Decision rationale: ACOEM Guidelines state that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. In this case, the patient has failed conservative therapy including physical therapy and chiropractic therapy, and a consultation with a pain management specialist for opioid therapy appears reasonable for the patient's chronic back condition. As such, the request is medically necessary.