

Case Number:	CM14-0074582		
Date Assigned:	07/16/2014	Date of Injury:	01/13/2009
Decision Date:	09/19/2014	UR Denial Date:	04/29/2014
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 & Rehabilitation and is licensed to practice in Nevada. 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 59 year-old male who was reportedly injured on 1/13/2009. The mechanism of injury was noted as lifting/moving personal computers. The injured worker underwent a lumbar laminectomy L3-L5 in April 2012, and a lumbar fusion at L5-S1 in April 2010. The most recent progress notes dated 1/14/2014, 2/11/2014 and 6/3/2014, indicate that there were ongoing complaints of neck and back pain. Physical examination demonstrated moderate discomfort, markedly limited lumbar spine range of motion in all planes. Deep tendon reflexes were equal and symmetrical in lower extremities. Computed tomography scan of the lumbar spine, dated 1/17/2012, revealed a transverse lucency within the interbody fusion and bone graft compatible with a pseudoarthrosis at L5-S1. Per a previous utilization review, however, the radiology report/impression was not available. Previous treatment included lumbar spine surgery, physical therapy, acupuncture, several injections and medications to include Norco, Colace, Exalgo and Lactulose. A request was made for acupuncture (2 X4) to a unspecified body part was not certified in the utilization review on 4/29/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 x 4 for Unspecified Body Part: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: California Medical Treatment Utilization Schedule guidelines support acupuncture as an option when pain medication is reduced or not tolerated or as an adjunct to physical rehabilitation to hasten functional recovery. When noting the claimant's diagnosis, previous surgery, clinical presentation and the lack of documentation of an on-going physical therapy and/or rehabilitation program, there is insufficient clinical data provided to support additional acupuncture. As such, this request is not considered medically necessary.