

Case Number:	CM14-0078339		
Date Assigned:	07/18/2014	Date of Injury:	04/28/2006
Decision Date:	08/15/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	05/28/2014

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 Chiropractic 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 submitted documentation indicates the 51-year-old female patient presented for care on 04/28/2014. She reported while driving (restrained driver) her vehicle on 04/28/2006, her vehicle was struck on the rear passenger side and was spun around and hit a second time. She denies loss of consciousness. She was taken by ambulance to a local hospital where x-rays were performed of her knees, back and neck, and she was prescribed medications and discharged home. Subsequent to her date of injury, she underwent bilateral total knee replacements and 4 lumbar epidural steroid injections which provided approximately 6 weeks of relief greater than 50%. She also underwent EMG/NCV and MRI of the lumbar spine in 2012, without results reported for this review. On 04/28/2014, she reported moderately severe and constant burning pain with numbness and tingling into the bilateral lower extremities, right greater than left. Symptoms improved with relaxation and rest, and increased with extended standing, walking and sitting. She reported being capable of walking about one one half blocks, able to sit about 20 min., stand about 30 min., and seldom needs to lie down due to her pain. She reported sometimes using a cane and walker for ambulation. Her pain had stopped her from going to work, performing household chores, doing yard work, shopping, exercising and participating in recreational activities. She reported moderate relief with surgery, nerve blocks and injections. She had tried Vicodin, Dilaudid, morphine, Percocet and Naprosyn, but not antidepressants. Examination findings include decreased and painful lumbar spine range of motion with flexion at 30 and extension 20, seated straight leg raise positive at 60, Lasegue's positive, bilateral lower extremity motor strength 5/5, tenderness to palpation over the lumbar paravertebrals over the thoracolumbar spine and bilateral sacroiliac joints, decreased sensation over the right L5-S1 dermatome to pinprick, light touch and temperature, and deep tendon reflexes present over the ankles. Diagnoses were noted as lumbar sprain/strain, lumbar radiculopathy, status post bilateral

total knee replacements, reactive sleep disturbance, and reactive depression and anxiety. Recommendations included 8 sessions of acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 acupuncture therapy sessions for the lumbar spine as an outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation 2010 ODG Guidelines; Massage Therapy, Chronic Pain chapter.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The request for 8 acupuncture treatment sessions is not supported by CA MTUS Acupuncture Medical Treatment Guidelines to be medically necessary. CA MTUS Acupuncture Medical Treatment Guidelines report acupuncture is used as an option when pain medication is reduced or not tolerated or as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. There is no evidence the patient was reducing medication or medication was not tolerated, and there is no documentation acupuncture was to be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery; therefore, the requested acupuncture treatment sessions are not supported to be medically necessary. When acupuncture is supported, CA MTUS Acupuncture Medical Treatment Guidelines allow a 3-6 visit treatment trial to produce functional improvement, and treatment may be extended if functional improvement is documented with the 3-6 visit treatment trial. Additionally the request for 8 acupuncture treatment sessions exceeds guidelines recommendations.