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| Case Number: | CM14-0208295 | | |
| Date Assigned: | 12/22/2014 | Date of Injury: | 05/30/2014 |
| Decision Date: | 02/19/2015 | UR Denial Date: | 11/24/2014 |
| Priority: | Standard | Application Received: | 12/12/2014 |

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabn

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 42 year-old patient sustained an injury to his left hand and low back on 5/30/14 from a fall while employed by [REDACTED]. Request(s) under consideration include Acupuncture for lumbar spine, QTY: 8 and Physical therapy for the lumbar spine, QTY: 12. Diagnoses include closed metacarpal hand fracture; trigger finger; hand joint pain; and asthma. Conservative care has included casting, medications, therapy modalities, trigger finger injection, home exercise program, and modified activities/rest. The patient continues to treat with chronic ongoing pain complaints. MRI of the lumbar spine on 11/5/14 showed disc dessication, mild foraminal narrowing at L4-5 and L5-S1 with posterior displacement of disc at right S1. Report of 11/17/14 from the provider noted the patient with intermittent tingling at 4th and 5th digits; low back pain rated at 4-5/10 with right leg pain rated at 2-3/10. The patient had home exercise and 6 PT sessions without improvement. Exam showed unchanged findings of tenderness at lumbar midline, PSIS with limited lumbar range in all planes. Treatment included additional therapy and acupuncture. The request(s) for Acupuncture for lumbar spine, QTY: 8 were partially-certified and Physical therapy for the lumbar spine, QTY: 12 were non-certified on 11/24/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for lumbar spine, QTY: 8: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Acupuncture Medical Treatment Guidelines Page(s): 8-9.

Decision rationale: MTUS, Acupuncture Guidelines recommend initial trial of conjunctive acupuncture visit of 3 to 6 treatments with further consideration upon evidence of objective functional improvement. It is unclear how many acupuncture sessions the patient has received for this May 2014 injury. Submitted reports have not demonstrated the medical indication to support additional acupuncture sessions as there are no specific objective changes in clinical findings, no report of acute flare-up or new injuries, nor is there any decrease in medication usage. Acupuncture for lumbar spine, QTY: 8 are not medically necessary and appropriate.