

Case Number:	CM15-0007493		
Date Assigned:	01/23/2015	Date of Injury:	08/26/2014
Decision Date:	03/12/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	01/13/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 38 year old female with an industrial injury dated August 26, 2014. The injured worker diagnoses include lumbago, anxiety, and depressive disorder and sleep disturbance. She has been treated with radiographic imaging, diagnostic studies, chiropractic therapy, prescribed medications, consultation, and periodic follow up visits. According to the progress note dated November 21, 2014, the injured worker reported neck pain, lower back pain, right shoulder pain and right foot pain. Objective findings revealed bilateral paravertebral muscle tenderness on palpation and tenderness of the sacroiliac spine. The treating physician prescribed services for acupuncture 8 sessions for cervical and lumbar spine and lumbar support/braces. Utilization Review (UR) determination on December 8, 2014 modified the request to acupuncture 6 sessions for cervical and lumbar spine, citing MTUS. UR denied the request for lumbar support/braces, citing Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 8 sessions for Cervical and Lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to the 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. Time to produce functional improvement: 3 to 6 treatments. In this case, the claimant's response to treatments is unknown. The treatments are an option rather than a necessity. The request for 8 sessions of physical therapy is not medically necessary.

Lumbar support/Braces: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 2014, Low Back Chapter, Lumbar Supports

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: According to the ACOEM guidelines, lumbar supports have not been shown to provide lasting benefit beyond the acute phase of symptom relief. In this case, the claimant's injury was not acute or recent. The length of use was not specified. The request is not medically necessary.