

Case Number:	CM15-0103674		
Date Assigned:	06/08/2015	Date of Injury:	12/22/2009
Decision Date:	07/13/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	05/29/2015

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: California

Certification(s)/Specialty: Chiropractor, Oriental Medicine

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 (IW) is a 51 year old female who sustained an industrial injury on 12/22/2009. The initial report of injury is not found in the records provided. The injured worker was diagnosed as having lumbar strain, lumbar radiculitis, cervical sprain, cervicogenic headache, insomnia, and cervical degenerative disc disease. Treatment to date has included medications and treatment through a pain management specialist. Currently, the injured worker complains of pain in the low back at level of 8/10 that radiates to the hips and into the feet bilaterally. The current medications reduce symptoms to a 5/10 allowing her to be functional in her activities of daily living. On examination the cervical posture is well preserved. Palpation reveals slight rigidity in the right trapezius and interscapular area and tenderness is noted on the right of the cervical paravertebrals as well as the trapezius and upper part of the thoracic paravertebrals. Range of motion is full, but the worker has pain at the extreme range. There is no radiating pain to the upper extremities. Cervical compression test is negative. Spurling test is negative. The lumbosacral and thoracolumbar posture is well preserved with no splinting, scars or burns. There is tenderness at the L4-L5 on deep palpation. Range of motion is unimpaired but with discomfort. Straight leg raise is positive on right at 90 degrees. There is no neurologic deficit, and there is a slight decrease in strength of the lower extremities, greater on the right than the left. The treatment plan includes continuation of Prilosec, Ambien, Lidoderm, and Motrin 800 mg, requesting a lumbar epidural, and request authorization for acupuncture. The worker is to continue with a home exercise program. A request for authorization is made for Outpatient

Acupuncture two (2) times a week for three (3) weeks to the Lumbar Spine. According to prior UR review, the claimant has had prior acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Acupuncture two (2) times a week for three (3) weeks to the 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 evidenced based guidelines, further acupuncture after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. The claimant has had prior acupuncture of unknown quantity and duration and had mild subjective benefits. However, the provider fails to document objective functional improvement associated with acupuncture treatment. Therefore, further acupuncture is not medically necessary.