

Case Number:	CM15-0130302		
Date Assigned:	07/16/2015	Date of Injury:	02/17/2014
Decision Date:	08/18/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	07/06/2015

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 is a 54-year-old female who sustained an industrial injury on 02/17/2014. There was no mechanism of injury documented. The injured worker was diagnosed with lumbar sprain and lumbar facet arthropathy. Treatment to date has included diagnostic testing, chiropractic therapy, physical therapy, right L4-5 and L5-S1 medial branch nerve block on May 12, 2015 and medications. According to the primary treating physician's progress report on May 29, 2015, the injured worker reported almost 100% relief of her symptoms with the recent nerve block for several hours after the injections and pain is now returning. Prior to injection, the injured worker rated her pain level at 6/10 and currently her pain level is at 3-4/10. Examination demonstrated no lumbosacral areas of tenderness or spasm bilaterally. The injured worker was able to walk on heels and toes with increased pain with heel walk. Range of motion was noted as painful with extension at 20 degrees and right lateral rotation at 35 degrees. Forward flexion and right lateral flexion were within normal limits. There were no deficits in range of motion on the left side. Bilateral straight leg raise at 90 degrees supine was negative. Positive facet loading test on the right was improved from the last visit. Motor strength and sensory were intact bilaterally. Hip range of motion was full. Current medications were listed as Motrin, Mobic, Lidoderm patches and Prilosec. Treatment plan consists of radiofrequency thermocoagulation and the current request for acupuncture therapy twice a week for 4 weeks to the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2x week x 4 weeks Lumbar Spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The patient was being treated for low back pain. The Acupuncture Medical Treatment guidelines recommend acupuncture for pain. It recommends an initial trial of 3-6 visits to produce functional improvement. It states that acupuncture may be extended if there is documentation of functional improvement. The patient has tried physical therapy and chiropractic without improvement. There was no evidence of prior acupuncture therapy. An initial trial is warranted at this time. However, the provider's request for 8-acupuncture session to the lumbar spine exceeds the guidelines recommendation for an initial trial. The provider's request is inconsistent with the evidence-based guidelines and therefore is not medically necessary and appropriate at this time. 6 acupuncture sessions would be reasonable for this patient.