

Case Number:	CM15-0130337		
Date Assigned:	07/16/2015	Date of Injury:	11/30/2014
Decision Date:	08/26/2015	UR Denial Date:	06/11/2015
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 55 year old female, who sustained an industrial injury on 11/30/2014. She has reported injury to the left hip and low back. The diagnoses have included pain in joint of pelvic region and thigh; pain in joint of lower leg; lumbago; thoracic or lumbosacral neuritis or radiculitis not otherwise specified; myalgia and myositis not otherwise specified; hip and thigh injury not otherwise specified; and sprains and strains of lumbar region. Treatment to date has included medications, diagnostics, and physical therapy. Medications have included Tylenol, Naproxen, Cyclobenzaprine, Fenoprofen, Lidopro ointment, Terocin patch, Ultracet, and Pantoprazole. A progress note from the treating physician, dated 05/12/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of lower back pain and left hip pain; the pain is rated as 6/10 with zero being no pain and 10 having the worst pain possible; the pain is characterized as aching, dull, pricking, squeezing, and throbbing; the pain radiates to the left buttock; the pain is moderate to severe and constant and is associated with joint stiffness, numbness, and tingling; the numbness and tingling in the left foot has gradually worsened over the last 2 months; the pain is aggravated by bending over, doing excessive work, and prolonged sitting, standing, and walking; relieving factors include application of cold and rest; she has had six sessions of physical therapy which were ineffective; and she has trialed Naproxen for pain. Objective findings included she does not appear to be in acute distress; she has a global antalgic gait; lumbar range of motion is restricted and limited by pain; on palpation, lumbar paravertebral muscles, spasm, tenderness, and tight muscle band is noted on both sides; spinous process tenderness is noted on L4 and L5; lumbar facet loading is

positive on both sides; no limitation of left hip range of motion is noted; tenderness is noted over the sacroiliac joint, trochanter, and there are multiple trigger points over the ilio-tibial band; Gaenslen's was positive; and internal rotation of the femur resulted in deep buttocks pain. The treatment plan has included the request for acupuncture for the lumbar spine and left hip, quantity: 6 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for the lumbar spine and left hip, quantity: 6 sessions: Overturned

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: It appears that this is a request for an initial acupuncture trial. Evidenced based guidelines recommend a trial of acupuncture for chronic pain. 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. Since there is no documentation the claimant had prior acupuncture, 6 visits of acupuncture are medically necessary.