

Case Number:	CM15-0131408		
Date Assigned:	07/17/2015	Date of Injury:	10/08/2013
Decision Date:	08/20/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	07/07/2015

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 59 year old female, who sustained an industrial injury on October 8, 2013. Treatment to date has included MRI of the right shoulder, NSAIDS, injections, medications, diagnostic imaging, physical therapy and muscle relaxants. Currently, the injured worker complains of a flare-up of low back and right leg pain. On physical examination the injured worker had a positive straight leg raise on the right and decreased light sensation of the right leg. She has tenderness to palpation over the lumbar spine and range of motion elicits pain. She has a slightly decreased motor strength on the right side with knee extension and flexion as well as hip extension and flexion on the right side. She has decreased sensation in the right L4- L5 distribution. The diagnoses associated with the request include lumbosacral sprain-strain, lumbosacral contusion injury, and lumbosacral contusion with coccydynia, lumbosacral disc injury and possible right sacral wing occult fracture. The treatment plan includes Vicodin, electro- acupuncture treatment and lumbar epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electro-Acupuncture for the low back and right leg, 2 times a week for 3 weeks:

Overtured

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The patient complained of low back and right leg pain. There was no evidence that the patient had prior acupuncture treatment. The Acupuncture Medical Treatment guideline recommends acupuncture for pain. It recommends an initial trial of 3-6 visits over 1-2 months to produce functional improvement. Based on the submitted records, an acupuncture trial appears to be necessary. The provider's request for 6-acupuncture session for the low back and leg pain is medically necessary at this time. Additional acupuncture session may be necessary if there is documentation of functional improvement from the initial trial.