

Case Number:	CM15-0131686		
Date Assigned:	07/17/2015	Date of Injury:	11/08/2013
Decision Date:	08/20/2015	UR Denial Date:	06/25/2015
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 55 year old male who sustained a work related injury November 8, 2013. According to a primary treating physician's progress report, dated June 10, 2015, the injured worker presented with constant pain in the low back that is characterized as sharp, with radiation of pain into the right lower extremities. The pain is worsening after training and rated 8 out of 10. There is also constant throbbing pain, rated 5 out of 10 in the right knee, with some swelling and buckling. Physical examination revealed; gait intact; palpable paravertebral muscle tenderness with spasm of the lumbar spine; seated nerve root test is positive; standing flexion and extension are guarded and restricted; tingling and numbness in the lateral thigh, anterolateral and posterior leg as well as foot, L5 and S1 dermatomal patterns. Inspection of the right knee revealed; tenderness in the joint line; patellar grind test and McMurray's are positive, anterior drawer test and posterior pivot test are negative. There is crepitus with range of motion and no clinical evidence of instability. Diagnoses are lumbago; internal derangement of knee not otherwise specified. Treatment plan included two intramuscular injections; Toradol mixed with Marcaine and vitamin B-12. At issue, is the request for authorization for acupuncture 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 a week for 4 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: The Acupuncture Medical Treatment guideline states that acupuncture may be extended with documentation of functional improvement. The patient complained of constant low back pain that is sharp. There was radiation into the right lower extremity. According to the acupuncture provider, the patient completed 12 acupuncture sessions. The provider noted improvement in pain symptoms and range of motion in the lumbar spine after 12 sessions of acupuncture. There was no documentation of functional improvement from prior acupuncture in the pass to warrant additional acupuncture session. Therefore, the provider's request for 8 acupuncture session to the lumbar spine is not medically necessary at this time.