

Case Number:	CM15-0132238		
Date Assigned:	07/20/2015	Date of Injury:	06/01/2005
Decision Date:	08/14/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	07/08/2015

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: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic Surgery

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 54-year-old female who sustained an industrial injury on 6/1/05, relative to a rear-end motor vehicle accident. Past surgical history was positive for total hip arthroplasty in October 2008, with multiple post-operative dislocations, cervical spine surgery in May 2012, right total hip arthroplasty in July 2013, and revision left total hip arthroplasty in September 2014. The 8/14/11 lumbar spine MRI impression documented a broad-based posterior disc bulge at T10/11 indenting the anterior thecal sac, and a posterolateral disc protrusion/extrusion at L2/3 encroaching into both neural foramina with mild left neuroforaminal narrowing. There was a left posterolateral disc protrusion at L3/4 encroaching into the left subarticular gutter. There was marked central stenosis at L4/5 secondary to facet hypertrophy, ligamentum flavum hypertrophy, and 12 mm anterolisthesis of L4 over L5, and marked neuroforaminal narrowing bilaterally. The 5/7/15 treating physician report indicated that the injured worker returned following facet medial branch blocks with 80% relief, increased range of motion, and function. She also reported 50-75% relief in pain and objective improvement in function with transforaminal epidural steroid injection on 1/5/15. Medication use had decreased by 20%. She had continued bilateral hip pain. Physical exam documented positive straight leg raise, decreased posterolateral thigh sensation, restricted and painful lumbar range of motion, and difficulty with heel toe walking. There were myofascial triggers at L4 and L5 bilaterally. Imaging demonstrated a 12 mm L4/5 disc with spondylolisthesis and neuroforaminal stenosis. The diagnosis included lumbar radiculitis, status post right total hip arthroplasty, and status post chronic hip dislocation. The treatment plan recommended radiofrequency ablation at L4/5, weight loss, continued home exercise program,

evaluation with neurosurgeon, home health and transportation, and continued medications (Percocet, Nortriptyline, Prilosec, Lyrica, Voltaren, and Flexeril). Authorization was also requested for 8 sessions of acupuncture. The 6/9/15 utilization review certified the request for radiofrequency ablation. The request for 8 sessions of acupuncture was non-certified as there was no documentation of benefit with the 6 acupuncture sessions certified on 3/15/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture sessions, Qty 8: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The California MTUS acupuncture guidelines indicate that acupuncture may be used as an option when pain medication is reduced or not tolerated, and it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. Guidelines state that 3 to 6 treatments allow time to produce functional improvement. Acupuncture treatments may be extended if functional improvement is documented as defined in the guidelines. Guideline criteria have not been met. A request for 8 visits of acupuncture was modified to 6 visits on 3/15/15. There is no documentation that this certified trial of acupuncture was provided. There is no documentation of functional benefit relative to acupuncture treatment, including a significant improvement in activities of daily living or reduction in work restriction, and reduction in dependence on continued medical treatment consistent with the guideline definition of functional improvement. Therefore, this request is not medically necessary at this time.