

Case Number:	CM15-0138722		
Date Assigned:	07/28/2015	Date of Injury:	12/31/2014
Decision Date:	08/25/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/17/2015

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 31-year-old female, who sustained an industrial injury on 12/31/14. Initial complaints were of her lower back and right knee. The injured worker was diagnosed as having right hip musculoligamentous sprain/strain; lumbar myospasm with radiation to the right lower extremity radiculopathy; thoracic spine musculoligamentous sprain/strain; thoracic myospasm; loss of consciousness; difficulty sleeping; anxiety; stress. Treatment to date has included physical therapy; urine drug screening; medications. Diagnostics studies included EMG/NCV study lower extremities (4/28/15). Currently, the PR-2 notes dated 4/28/15 indicated the injured worker complains of constant lower back and bilateral knee pain radiating from the right leg with associated symptoms of numbness, tingling, and weakness. Walking, standing, sitting and bending, aggravates the symptoms. This provider as Naproxen and Omeprazole lists medications. She has had no surgical intervention or history. The physical examination of the lumbar spine and lower extremities notes tenderness to palpation of the lumbar paraspinal muscles. She has decreased range of motion of the lumbar spine on flexion and extension. She has normal gait sequencing with normal motor, sensation, reflexes and tone. He has diagnosed her with lumbar radiculopathy. The provider notes an EMG/NCV study of the lumbar spine and lower extremities was completed on this date and interpretation of the EMG findings are normal EMG studies of the lower extremities with no acute or chronic denervation potentials. Normal NCV studies of the lower extremities and did not reveal any electrophysiological evidence of peripheral nerve entrapment. The provider is requesting authorization of acupuncture for the lumbar spine, right knee and hip 12 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture, 2 times a week for 6 weeks, lumbar, right knee, & hip: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: It is unclear whether the claimant has had prior acupuncture. If this is a request for an initial trial, twelve visits exceeds recommended guidelines. Evidenced based guidelines recommend a trial of acupuncture for chronic pain, but a request for 12 visits exceeds the recommended guidelines of six or less. If functional improvement is documented, further acupuncture may be medically necessary. If this is a request for an initial trial, the provider should make a request within the recommended guidelines. If this is not a request for an initial trial, the provider should document functional improvement because of the completion of acupuncture. Also total amount completed visits should be submitted. Twelve visits of acupuncture are not medically necessary.