

Case Number:	CM15-0142864		
Date Assigned:	08/04/2015	Date of Injury:	02/26/2014
Decision Date:	09/01/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/23/2015

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: 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 (IW) is a 37 year old male who sustained an industrial injury on 02/26/2014. The original injury report and mechanism of injury are not found in the records provided. The injured worker was diagnosed as having: Lumbar disc displacement; Ankle and foot pain. Treatment to date has included a lumbar epidural steroid injection with only mild relief of pain. He completed physical therapy without improvement. Surgical options have been discussed; however the worker would like to try to stay conservative first. A lumbar MRI shows a 3mm disc protrusion at L5-S1 without stenosis. A MRI of the right ankle showed multiple tears. Currently, the injured worker complains of chronic low back and right lower extremity pain. The worker describes back pain radiating into the bilateral lower extremities, right greater than left. He also has numbness and tingling in the lower extremities. The pain is aggravated by heavy lifting or repetitive bending. The worker also complains of right ankle pain aggravated by prolonged walking or standing. Medications do help to reduce some, but not all, of the pain. His medications include Relafen, Norflex ER, Protonix, Topamax, Fenoprofen, Hydrocodone, Ranitidine, Zolpidem, and Sudafed. In examination of the musculoskeletal system, he has normal muscle tone in bilateral upper and lower extremities. His gait was antalgic. The lumbar spine examination revealed tenderness to palpation at the lumbosacral region right sided greater than left. Range of motion in the lumbar spine was decreased in all planes. Sensations were decreased to light touch along the right lower extremity compared to left lower extremity. Motor strength was decreased with right foot dorsiflexion and right leg extension. Deep tendon reflexes were 2+ and equal at the patella and Achilles. Clonus was negative bilaterally, and straight leg raise was negative bilaterally. A request for authorization was made for the following: Acupuncture 12 visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 12 visits: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: In reviewing the records available, it does not appear that the patient has yet undergone an acupuncture trial. Given the patient continued symptomatic despite previous care (chiropractic, physical therapy, oral medication, work modifications and self-care) an acupuncture trial for pain management and function improvement would have been reasonable and supported by the MTUS (guidelines). The guidelines note that the amount to produce functional improvement is 3-6 treatments. The same guidelines could support additional care based on the functional improvement(s) obtained with the trial. As the provider requested initially 12 sessions, which is significantly more than the number recommended by the guidelines without documenting any extraordinary circumstances, the request is seen as excessive, therefore not supported for medical necessity.