

Case Number:	CM15-0143456		
Date Assigned:	08/04/2015	Date of Injury:	10/28/2010
Decision Date:	09/02/2015	UR Denial Date:	07/09/2015
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: 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 57 year old female who sustained an industrial injury on 10/28/2010. The injured worker was diagnosed with cervical musculoligamentous sprain and strain with bilateral upper extremity radiculitis, cervical disc protrusion, lumbar musculoligamentous sprain and strain with bilateral lower extremity radiculitis and multi-level lumbar disc protrusion and stenosis. No surgical interventions were documented. Treatment to date has included diagnostic testing, physical therapy, aquatic therapy (12 sessions), home exercise program and medications. According to the primary treating physician's progress report on June 25, 2015, the injured worker continues to experience low back pain and rates her pain level at 7 out of 10. Examination of the lumbar spine demonstrated tenderness to palpation over the bilateral paravertebral muscles and quadratus lumborum muscle. Straight leg raise and Kemp's tests were positive. Range of motion was documented as flexion at 43 degrees, extension at 14 degrees, right side bending at 16 degrees and left side bending at 14 degrees. Current medication is noted as Zanaflex. Treatment plan consists of gym membership with pool access and the current request for acupuncture therapy for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for the lumbar spine 2 times a week for 3 weeks with infra lamp/medical supply/kinesio tape (in house): Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Provider requested initial trial of 6 acupuncture sessions with infra lam/medical supply/and kinesio tape which were modified to 3 by the peer reviewer. Per guidelines 3-6 treatments are supported for initial course of Acupuncture with evidence of functional improvement prior to consideration of additional care. Additional visits may be rendered if the patient has documented objective functional improvement. MTUS Definition 9792.20 (f) Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam. MTUS guidelines do not document infra lamp or kinesio taping therefore it is not within the guidelines. Acupuncture is used as an option when pain medication is reduced or not tolerated which was not documented in the provided medical records. Per guidelines and review of evidence, 6 Acupuncture visits with infra lamp/ medical supply/kinesio tape are not medically necessary.