

Case Number:	CM15-0144181		
Date Assigned:	08/05/2015	Date of Injury:	01/05/2012
Decision Date:	09/01/2015	UR Denial Date:	07/06/2015
Priority:	Standard	Application Received:	07/24/2015

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 is a 71 year old female who sustained an industrial injury on 1-5-12. Her injury was caused by a large piece of machinery tipping over, falling onto her back. Her initial symptoms are not available for review. Currently, the injured worker has diagnoses of status-post lumbar fusion, L4-L5 fracture, coccygeal pain, left lumbar radiculitis, and chronic opioid use. She was last seen by an orthopedic surgeon on 6-11-15. At that time, she complained of low back pain with tingling and numbness in "the leg". The record indicates that her pain is a "dull, sharp, pins-and-needles, tingling and numbness in both feet". She rated her pain as "2-3" on a 0-10 pain scale. The pain is intermittent and is "brought on" by walking. She is currently receiving medication management of pain with Tramadol, Nortriptyline, and Gabapentin. She is not currently receiving physical therapy, however, continues to do home exercises. She has continued depression. Previous treatment modalities following her spinal fusion included physical therapy, various medications, use of a cane when walking on uneven ground, and a neuropsychiatric consult for depressive indicators. As of the June 2015 physician note, this had not been authorized. Treatment recommendations are for acupuncture two times per week for three weeks to help with back pain. If her pain is not resolved, consideration of an L5 tranforaminal epidural steroid injection will be given.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Acupuncture to back two times a week for three weeks: Overturned

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. As the patient continued symptomatic despite previous care (oral medication (narcotics), work modifications and self care amongst others) the acupuncture trial requested for pain management and function improvement is supported by the MTUS. The MTUS (guidelines) note that the number of acupuncture sessions to produce functional improvement is 3-6 treatments. Therefore, the request for six acupuncture sessions is within the guidelines criteria, appropriate, and medically necessary.