

Case Number:	CM15-0149638		
Date Assigned:	08/11/2015	Date of Injury:	01/07/2015
Decision Date:	09/09/2015	UR Denial Date:	07/22/2015
Priority:	Standard	Application Received:	08/03/2015

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 61-year-old female, who sustained an industrial injury on 1-7-15. Initial complaints were of cumulative type trauma. The injured worker was diagnosed as having lumbar disc protrusion 2-3mm on L1-L5, tear L3-L4, narrowing L3-4 to L4-5; stenosis on L4-5 to L3-4; Left knee meniscal tear; left thigh -left leg referred pain from the lumbar spine; Posttraumatic stress; sleep disorder. Treatment to date has included acupuncture; physical therapy; medications. Diagnostics studies included MRI lumbar spine (3-30-15); X-ray Thoracic spine (3-30-15); X-ray left hip (3-30-15). Currently, the PR-2 notes dated 7-1-15 indicated the injured worker complains of back pain, left lower extremity pain and left hip and thigh pain. he reports the pain started about one year ago and has persistently gotten worse. He reports the left leg pain is due to constant walking, prolonged standing when doing job duties. He describes the pain as a burning sensation in the left thigh. Objective findings note tenderness over the L1 to S1 spinous processes. Paralumbar and gluteal muscles bilaterally, sciatic notch and quadriceps muscles on the left. There is tenderness on the left sacroiliac joint with restricted motion, positive squat and rise test and Milgram's test; positive Braggard's and Lasegue's test on the left. Lower extremities sensation dermatome and motor strength is reduced and graded as 2+ on the left. A MRI of the lumbar spine dated 3-30-15 reports a grade I anterolisthesis of L5 on S1. Consider bilateral oblique images for confirmation of pars defects. Restricted range of motion on lumbar spine flexion and extension views is present. Levoconvex lumbar scoliosis is seen. Degenerative anterior inferior endplate osteophyte is seen at L2 and L3. Degenerative anterior superior endplate osteophyte is seen at L2 through L4. Nonspecific calcifications are seen projecting over the

posterior soft tissues of S1. The provider is requesting authorization of acupuncture for the lumbar spine and left knee, 2 times a week for 4 weeks, quantity: 8 sessions.

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 and left knee, 2 times a week for 4 weeks, quantity: 8 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The patient complained of back, left lower extremity pain, left hip, and thigh pain. Records indicated that the patient has had 6 acupuncture sessions. There was no objective quantifiable documentation regarding functional improvement from prior acupuncture session. The guideline states that acupuncture may be extended with documentation of functional improvement. Based on the lack of functional improvement from acupuncture treatments in the past, the provider's request for 8 acupuncture sessions for the lumbar spine and left knee is not medically necessary at this time.