

Case Number:	CM15-0168035		
Date Assigned:	09/08/2015	Date of Injury:	12/09/2014
Decision Date:	10/27/2015	UR Denial Date:	07/22/2015
Priority:	Standard	Application Received:	08/26/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 was 51 year old male, who sustained an industrial injury on December 9, 2014. The injured worker did a lot of heavy lifting of copier wire on July 7, 2015. The injured worker felt worse the next day and was unable to work. The injured current complaint on July 9, 2015, was constant stabbing, throbbing, burning low back pain with stiffness, heaviness, numbness and cramping. The physical exam noted decreased range of motion and painful flex. Extension, left lateral bend and right lateral bend. There was 3 plus tenderness with palpation of the lumbar paravertebral muscles. The Kemp's test caused pain. The injured worker was diagnosed with complaint of headache, dizziness, lumbar strain and or sprain, disc protrusion per MRI and rule out lumbar radiculitis verses radiculopathy. The injured worker's treatment plan consisted of physical therapy, home exercise program, lumbar spine MRI on March 23, 2015 and chiropractic services. The treatment plan included RFA (request for authorization) for 18 sessions of acupuncture for the lumbar spine and an orthopedic surgical consultation with the utilization review dated July 22, 2015 the acupuncture was denied due to the initial trail should be for 3-6 treatments, 18 sessions of acupuncture exceeded the guidelines, therefore not medically necessary. The surgical consultation was denied on the bases of not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2-3x6 to the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The California chronic pain medical treatment guidelines section on acupuncture states: Acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. It is the insertion and removal of filiform needles to stimulate acupoints (acupuncture points). Needles may be inserted, manipulated, and retained for a period of time. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. Time to produce functional improvement is 3-6 treatments and frequency is 1-3 times per week. The requested amount of session is in excess of the recommendation unless improvement is noted by 3-6 sessions. Therefore, the request is not medically necessary.

Referral to Orthopedic Surgeon: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Independent Medical Examination and Consultations page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 3 Initial Approaches to Treatment.

Decision rationale: Per the ACOEM :The health practitioner may refer to other specialist if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for 1. Consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability. The patient has ongoing complaints of back pain that have failed treatment by the primary treating physician. Therefore, criteria for an orthopedic consult have been met and the request is medically necessary.