

Case Number:	CM15-0169276		
Date Assigned:	09/10/2015	Date of Injury:	06/10/2015
Decision Date:	10/09/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	08/28/2015

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: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic Surgery

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 63-year-old female who sustained an industrial injury on 6/10/15, relative to a trip and fall. Past medical history was positive for diabetes. Conservative treatment had included activity modification, medications, and physical therapy. The 8/7/15 treating physician report cited frequent grade 7/10 neck pain radiating to the right arm with numbness and tingling in the right hand, and intermittent moderate right hand and wrist pain aggravated by gripping, grasping and fine manipulation. She also reported intermittent moderate low back pain radiating to both legs/calves, and aggravated by prolonged sitting and standing. Sitting tolerance was limited to 10 minutes and standing/walking tolerance was limited to 5 minutes. Cervical spine exam documented increased bilateral trapezius muscle tone with tenderness and guarding, restricted cervical range of motion, positive cervical distraction test, intact sensation, and no upper extremity focal strength deficits. Lumbar spine exam documented increased tone and tenderness over the paralumbar muscles, and tenderness over the thoracolumbar junction, L5/S1 facets, and right greater sciatic notch. There were lumbar muscle spasms, restricted range of motion, and a positive nerve tension sign. Lower extremity neurologic exam documented normal strength, sensation, and reflexes. X-rays of the cervical spine revealed loss of lordosis and slight decreased C5/6 disc height. Lumbar spine x-rays documented loss of lordosis, and grade 1 spondylolisthesis L5/S1 with facet arthropathy. She had been off work since 6/10/15, and was returned to modified duty on 8/10/15. The treatment plan included Robaxin, acupuncture for the neck and back, and MRI of the cervical and lumbar spine. Authorization was requested for acupuncture 2x4 for the neck and lower back. The 8/17/15 utilization review

modified the request for acupuncture 2x4 for the neck and lower back to 6 visits consistent with guidelines for initial treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2x4 for the neck and lower back: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The California MTUS acupuncture guidelines indicate that acupuncture may be used as an option when pain medication is reduced or not tolerated, and it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. 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. Guidelines state that 3 to 6 treatments allow time to produce functional improvement. Acupuncture treatments may be extended if functional improvement is documented as defined in the guidelines. This injured worker presents with neck pain radiating into both arms and low back pain radiating into both legs/calves. Physical exam documented limited range of motion, muscle spasms and tenderness, and normal neurologic function. Conservative treatment including medications and physical therapy has not provided sustained benefit. The 8/17/14 utilization review partially certified 6 initial acupuncture visits. There is no compelling rationale presented to support the medical necessity of acupuncture treatment beyond an initial 6-visit trial to assess functional benefit. Therefore, this request is not medically necessary.