

Case Number:	CM15-0169327		
Date Assigned:	09/10/2015	Date of Injury:	05/09/2015
Decision Date:	10/14/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	08/27/2015

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, Montana
 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 39 year old male who sustained an injury on 5-9-15 resulting when he slipped on some oil that was on the floor. His right knee hyperextended and felt pain in his right knee and lower back. Diagnoses include strain, acute lumbosacral persistent symptoms; strain right knee, resolved. X-rays included right knee and lumbosacral spine. Treatment include moist heat therapy; physical therapy, lumbar support, and work restrictions. Medications were Hydrocodone 2.5, 325 mg; Cyclobenzaprine 7/5 mg; and Stadol 2 mg. The medical records indicate he has had low back pain since the injury and on modified work restrictions of no lifting, bending or twisting. As noted on the physical therapy evaluation report 5-22-15 he has decreased range of motion; decreased strength; spasm; impaired gait; poor posture and impaired activities of daily living. The treatment plan was moist heat, ultrasound 50%; home exercise program. The PR 2 report from 6-3-15 indicates he has completed 1 out of 6 physical therapy treatments due to long work hours. He has constant lower back pain rated as sharp at 7 out of 10 that was aggravated by prolonging sitting, standing and bending. The back symptoms have been the same since his injury. Treatment was analgesics, heat and wearing a brace. Physical therapy continued for his low back pain and as noted on the 5th visit the sessions have helped a little and he is tolerating modified work. He completed 6 physical therapy sessions and states his lower back is still painful and the medications Norco and Cyclobenzaprine are not helping. MRI lumbar spine; right knee was completed on 6-23-15. 7-20-15 examination reports chronic lower back pain rated as 6 - 8 out of 10 and is contact, deep, boring pain localized to the lower back with some radiation to the buttock. He complains of numbness and tingling radiating down his right lower

extremity to the top of his foot. The physical examination demonstrated localized pain from L4 to S1 and tenderness in the right sciatic notch. The diagnoses included acute lumbosacral strain and sprain; mild lumbar discopathy with 2 mm x 5 mm L4-5 posterior disc protrusion on MRI study done on 6-23-15. The treatment recommendations included acupuncture therapy 2 times for 4 weeks. Current requested treatments acupuncture therapy, twice weekly for 4 weeks; lumbar spine and right knee per 8-7-15 order. Utilization review 8-17-15 acupuncture therapy was approved with modification to 6 visits only.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture therapy, twice weekly for 4 weeks, lumbar spine and right knee qty 8.00:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: Provider requested initial trial of 8 acupuncture sessions which were modified to 6 by the utilization review. Per guidelines, 3-6 treatments are supported for initial course of Acupuncture with evidence of functional improvement prior to consideration of additional care. Requested visits exceed the quantity of initial acupuncture visits supported by the cited guidelines. 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. Per guidelines and review of evidence, 8 Acupuncture visits are not medically necessary.