

Case Number:	CM15-0182233		
Date Assigned:	09/23/2015	Date of Injury:	12/15/2014
Decision Date:	11/06/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	09/16/2015

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 38 year old female who sustained an industrial slip and fall injury on 12-15-2014. The injured worker was diagnosed with discogenic low back and lumbar radiculitis. According to the treating physician's progress report on August 7, 2015, the injured worker continues to experience right low back and buttock pain radiating to the right lower extremity rated at 7-8 out of 10 on the pain scale. The injured worker is not tolerating pain medications due to gastrointestinal symptoms but noting relief from creams and patches. Simple activities of daily living (not listed) were still limited as of August 7, 2015. Examination of the lumbar spine demonstrated exquisite tenderness of the paraspinal region with positive trigger points noted and surrounding tissue spasm. Range of motion testing was limited due to guarding and pain. Straight leg raise sitting and supine were positive in the right lower extremity and cross leg straight leg raise was positive down the right lower extremity. Gait and rhythm of walking were altered. Sensory paresthesias and decreased sensation to light touch were documented at the left L4, L5 and S1. Lower extremity deep tendon reflexes and motor strength were intact. Bilateral knee examination was within normal limits. Prior treatments included diagnostic testing with lumbar spine magnetic resonance imaging (MRI), physical therapy, pain injections and oral and topical medications. Current medications were listed as Tramadol, Norco, creams and patches. Treatment plan consists of continuing home exercise program and stretching exercises, discontinue Norco and Tramadol due to gastrointestinal symptoms, continuing with topical analgesics (not named), chiropractic therapy twice a week for 3 weeks to the lumbar spine and the current request for acupuncture therapy twice a week for 3 weeks to the lumbar spine. On

08-20-2015 the Utilization Review determined the request for acupuncture therapy twice a week for 3 weeks to the lumbar spine was not certified due to the current engagement in chiropractic therapy and with simultaneous physical modalities used concurrently, the effectiveness or ineffectiveness of either one would be difficult to ascertain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2x3 weeks (Lumbar Spine): Overturned

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The Acupuncture Treatment guidelines recommend 3-6 visits over 1-2 months to produce functional improvement. The guideline states that acupuncture may be extended with documentation of functional improvement. The patient complained of right low back and buttock pain radiating to the right lower extremity. It was reported that the patient was not tolerating pain medications due to gastrointestinal symptoms. There was no evidence that the patient received acupuncture in the past. An acupuncture trial appears to be medically necessary. The provider's request for 6 acupuncture session is consistent with the evidence based guidelines. Therefore, the request is medically necessary at this time. Additional acupuncture may be medically necessary with documentation of functional improvement.