

Case Number:	CM15-0024941		
Date Assigned:	02/17/2015	Date of Injury:	03/31/2014
Decision Date:	04/06/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	02/09/2015

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: Texas, Florida
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 53 year old female with an industrial injury dated March 31, 2014. The injured worker diagnoses include lumbar disc displacement without myelopathy, right hip sprain/strain and sacroiliitis. She has been treated with diagnostic studies, prescribed medications and periodic follow up visits. In a progress note dated 12/23/2014, the treating physician noted spasm and tenderness to bilateral lumbar paraspinal muscles from L3 to S1, multifidus and right piriformis muscle. Kemp's test, Braggard's test and straight leg raise test were positive bilaterally. The treating physician also noted spasm and tenderness to the right gluteus medius muscle and right tensor fasciae latae muscle. FABER's test and Anvil test were both positive on the right. The straight leg raising test was negative. The range of motion of the lumbar spine and sensation in the lower extremities dermatomes was noted as normal. The treating physician prescribed services for acupuncture x 6 to low back and right hip to include electroacupuncture, manual acupuncture, myofascial release, electrical stimulation, infrared and diathermy and a functional capacity evaluation. Utilization Review determination on January 13, 2015 denied the request for acupuncture x 6 to low back and right hip to include electroacupuncture, manual acupuncture, myofascial release, electrical stimulation, infrared and diathermy and a functional capacity evaluation, citing MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture x 6 to low back and right hip to include electroacupuncture, manual acupuncture, myofascial release, electrical stimulation, infrared and diathermy: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The CA MTUS - acupuncture guidelines recommend that acupuncture treatment can be utilized for the management of musculoskeletal pain. The use of acupuncture treatments can result in pain relief, functional restoration and reduction of medications utilization. The records did not show subjective and objective findings consistent with exacerbation of musculoskeletal pain. The chronic pain syndrome was noted to be stable on medications management. The criteria for Acupuncture X 6 to low back and right hip to include electroacupuncture, manual acupuncture, myofascial release, electrical stimulation, infrared and diathermy was not met.

Functional capacity evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 21, 81.

Decision rationale: The CA MTUS guidelines recommend that functional capacity evaluation can be utilized for the assessment of objective improvement, functional restoration and to determine the future work capability of the injured worker. The records did not indicate objective findings of complete functional restoration. The records did not indicate that the patient is on a return to work schedule. There is no documentation of recent completion of a work conditioning or work hardening program. The criteria for functional capacity evaluation were not met.