

<b>Case Number:</b>	CM15-0039415		
<b>Date Assigned:</b>	03/09/2015	<b>Date of Injury:</b>	03/14/2013
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	02/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2015

### 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: Massachusetts

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 34 year old male, who sustained an industrial injury on 3/14/2013. He has reported stepping and falling with injury to right ankle, neck, low back, and right hip. The diagnoses have included acute right ankle sprain, multilevel degenerative disc disease protrusion. Treatment to date has included medication therapy, physical therapy, acupuncture, and epidural injection. Currently, the IW complains of mid-low back pain with radiation to right leg rated 8/10 VAS. The physical examination from 1/16/15 documented widespread tenderness throughout cervical and lower back muscles with decreased Range of Motion (ROM). The plan of care included to continue with acupuncture treatments, recommending Transcutaneous Electrical Nerve Stimulation (TENS) unit, and continue medication therapy as previously prescribed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture to the thoracic spine , lumbar spine and right ankle one time a week for 6 weeks:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** 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 is a functional recovery. Time to produce functional improvement is 3 to 6 treatments, frequency 1 to 3 times per week, optimum duration 1 to 2 months. Acupuncture treatments may be extended a functional improvement is documented. According to the documents available for review, there is no indication that pain medication has been reduced or not tolerated as advised in the MTUS. Therefore, at this time the requirements for treatment have not been met, and medical necessity has not been established.

**Extracorporeal shock wave therapy for the right ankle:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

**Decision rationale:** ACOEM section on ankle complaints generally indicates that specialized treatments require a rationale for their use. According to the documents available for review, there is no rationale provided to support the use of extracorporeal shock wave therapy to the ankle. Therefore, at this time, the requirements for treatment have not been met, and medical necessity has not been established.

**Internal medicine follow up for abdomen:** 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.

**Decision rationale:** The ACOEM section on General Approaches indicates that specialized treatments and referrals require a rationale for their use. According to the documents available for review, there is no rationale provided to support a referral to an internal medicine doctor. Therefore, at this time, the requirements for treatment have not been met, and medical necessity has not been established.

**Dentist 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.

**Decision rationale:** The ACOEM section on General Approaches indicates that specialized treatments or referrals require a rationale for their use. According to the documents available for review, there is no rationale provided to support a referral to a dentist. Therefore, at this time, the requirements for treatment have not been met, and medical necessity has not been established.