

Case Number:	CM15-0041762		
Date Assigned:	03/11/2015	Date of Injury:	01/03/2014
Decision Date:	05/01/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	03/04/2015

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: Physical Medicine & Rehabilitation

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 male who reported an injury on 01/03/2014. The mechanism of injury involved heavy lifting. The current diagnoses include right shoulder impingement syndrome versus right cervical radiculopathy, left L4-5 extruded disc herniation, and left leg radiculopathy. The injured worker presented on 02/03/2015 for an orthopedic spine surgery consultation with complaints of persistent low back pain with radiating symptoms into the left lower extremity. Previous conservative management is noted to include chiropractic therapy, acupuncture, medication management, and a transforaminal epidural steroid injection. The injured worker was utilizing ibuprofen 800 mg and Zantac 150 mg. Upon examination of the lumbar spine, there was evidence of tenderness to palpation, a postoperative scar over the midline lower lumbar spine area, a normal gait, decreased sensation over the right L3 and L5 dermatomal distribution, 36 degrees flexion, 10 degrees extension, 10 degrees left and right lateral bending, absent Achilles reflex on the left, and 4/5 motor weakness on the left. Recommendations included additional acupuncture twice per week for 3 weeks, physical therapy twice per week for 3 weeks, a prescription for a Medrol Dosepak and a right shoulder subacromial injection. There was no request for authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture two times a week times three weeks for the lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The California MTUS Guidelines state acupuncture is used as an option when pain medications is reduced or not tolerated and may be used as an adjunct to physical rehabilitation and/or surgical intervention. The time to produce functional improvement includes 3 to 6 treatments. In this case, it was noted that the injured worker had participated in a previous course of acupuncture with only minimal relief. In the absence of objective functional improvement, additional treatment would not be supported. Therefore, the request is not medically appropriate.