

Case Number:	CM15-0042504		
Date Assigned:	03/12/2015	Date of Injury:	06/20/2011
Decision Date:	05/12/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	03/06/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 44 year old female who sustained an industrial injury on 6/20/11. The diagnoses have included sprain of hip and thigh, chronic pain syndrome, cervical strain/sprain, and lumbar strain/sprain, neuropathy of the lower extremities, and sprain of the knee/leg. Treatment to date has included ice/heat, medications, home exercise program (HEP), chiropractic, physical therapy, acupuncture, cognitive behavioral therapy and knee surgery. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the left knee and hip and X-ray of the lumbar spine, pelvis, left hip and left knee. The current medications included Norco, Lidoderm patch and Lorzone. Currently, as per the physician progress note dated 12/30/14, the injured worker complains of neck pain with headaches, low back pain that radiates to the groin and down the leg and right hip pain. There were associated complaints of numbness and tingling. The objective findings revealed spasms noted in the bilateral trapezius muscles, tingling and numbness in the left axilla and lateral ribs, lumbar range of motion was limited with pain in the left hip, improved sensation to touch in the left thigh, left knee tenderness, low back pain, decreased sensation in the left lower extremity and numbness in both feet. The physician noted for her to continue with medications, physical therapy, left hip Magnetic Resonance Imaging (MRI) and cognitive behavioral therapy. The physician requested treatment includes included Acupuncture therapy twice weekly for four weeks for the low back.

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 four weeks for the low back: Upheld

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

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 functional recovery. In this case, the claimant is undergoing several interventions including therapy, medications and prior acupuncture. Functional improvement is expected after 3 - 6 sessions. Since acupuncture is considered an option, the request for 8 additional sessions is not medically necessary.