

Case Number:	CM15-0057770		
Date Assigned:	04/02/2015	Date of Injury:	12/26/2012
Decision Date:	06/18/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	03/26/2015

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 48 year old female, who sustained an industrial injury on December 26, 2012. She reported lower back and right ankle injuries due to repetitive work. The injured worker was diagnosed as having lumbar myospasm and radiculopathy, lumbar sprain/strain, and right ankle sprain/strain, rule out right ankle internal derangement. Treatment to date has included chiropractic therapy, physical therapy, and medications including oral pain, topical pain, proton pump inhibitor, and non-steroidal anti-inflammatory. On January 2, 2015, the injured worker complains of frequent severe lumbar spine pain and constant moderate right ankle pain. The lumbar spine pain was described as stabbing, throbbing, burning low back pain, heaviness, numbness, and tingling. The right ankle pain was described as sharp, stabbing, and burning. Her pain was rated: lumbar spine = 8/10 and right ankle = 7/10. The physical exam revealed lumbar paraspinal trigger points, decreased and painful ranges of motion, tenderness to palpation and spasms of the lumbar paravertebral muscles, and a positive right straight leg raise. The anterior right ankle was tenderness to palpation and the lateral eversion test was positive. The right ankle range of motion was normal. The treatment plan includes 8 visits of acupuncture for the lumbar spine and right ankle.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 x week x 4 weeks (8 sessions), lumbar spine, right ankle: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Patient has had prior acupuncture treatment. Provider requested additional 2X4 acupuncture sessions which were non-certified by the utilization review. Requested visits exceed the quantity supported by cited guidelines. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Additional visits may be rendered if the patient has documented objective functional improvement. Per MTUS guidelines, Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam or decrease in medication intake. Per review of evidence and guidelines, 8 acupuncture treatments are not medically necessary.