

Case Number:	CM15-0241701		
Date Assigned:	12/18/2015	Date of Injury:	06/29/2014
Decision Date:	01/28/2016	UR Denial Date:	11/13/2015
Priority:	Standard	Application Received:	12/11/2015

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 39 year old male, who sustained an industrial injury on 6-29-2014. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar spine strain, lumbar radiculopathy, internal derangement/chondromalacia of the right knee, bilateral wrist tendinitis and carpal tunnel syndrome, lumbar extruded disc herniation at L5-S1, cervical strain, sprain of the thoracic spine, and cervical disc protrusions at C3-C4 and C5-C6. On 10-28-2015, the injured worker was reported to have "remained symptomatic". The Primary Treating Physician's report dated 10-28-2015, noted the injured worker had completed six acupuncture visits with "definite improvement". The physical examination was noted to show the bilateral wrists with tenderness to palpation over the flexor compartment and carpal tunnel with positive Phalen's sign and median nerve compression sign and full range of motion (ROM). The lumbar spine was noted to have tenderness to palpation over the upper, mid, and lower paravertebral muscles with increased pain with lumbar motion. The thoracic spine was noted to have tenderness to palpation over the upper, mid, and lower paravertebral muscles with mild limited motion. The right knee was noted to have tenderness to palpation over the lateral joint line with lateral pain with McMurray's maneuver and moderate patellofemoral irritability. Decreased sensation was noted in the bilateral median nerve distribution and the bilateral lower extremities, most notably in the right L5 distribution. Prior treatments have included physical therapy, chiropractic treatments, and acupuncture, with an acupuncture note dated 10-21-2015 noting the injured worker with pain in the lower back and wrist rated 7 out of 10 (rated 8 out of 10 on 10-17-2015) with progressive improvement noted. The treatment plan was noted to include

a request for additional acupuncture visits. Per a PR-2 dated 11/4/14, the claimant has completed a trial of acupuncture which helped decrease his pain level. Per an acupuncture report dated 10/21/15, the claimant has had 9 acupuncture visits and had an increase of 5 degrees of range of motion of the right and left wrist dorsiflexion and 20 degrees of flexion (45 total) of the lumbar spine. Per a PR-2 dated 10/8/15, the claimant's lumbar flexion was reported to be only 25 degrees. Per a PR-2 dated 8/29/15 and 10/28/15 the claimant's range of motion of bilateral wrists are full and symmetric. The request for authorization dated 10-28-2015, requested 6 sessions of acupuncture for the lumbar spine, right knee, and bilateral wrists. The Utilization Review (UR) dated 11-13-2015, non-certified the requests for 6 sessions of acupuncture for the lumbar spine, right knee, and bilateral wrists.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Sessions of acupuncture for the lumbar spine, right knee, and bilateral wrists: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: According to evidenced based guidelines, further acupuncture after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. The claimant has had prior acupuncture of unknown quantity and duration and had subjective benefits. The acupuncturist documents range of motion improvement that is not corroborated by the primary treating physician. According to the primary treating physician, lumbar flexion has only increased by 5 degrees in 9 acupuncture visits. Since, the provider fails to document clinically significant functional improvement associated with acupuncture treatment, further acupuncture is not medically necessary.