

Case Number:	CM14-0147456		
Date Assigned:	09/15/2014	Date of Injury:	06/04/2009
Decision Date:	10/15/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/10/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 female who reported an injury on 06/04/2009. The mechanism of injury was not provided. The diagnoses included sacroiliac sprain, lumbar sprain, degeneration of the lumbar intervertebral disc, displacement of the lumbar intervertebral disc, dural tear, sprain of the knee and leg, pain in the lower leg, sciatica, chondromalacia of the patella, spinal stenosis, and fibromyalgia. The past treatments included a lumbar discectomy/surgical decompression and dural repair approximately 2 years ago, physical therapy for her left knee and injections, pain medication, and daily exercise. An x-ray of the lumbar spine demonstrated prior decompression without spondylolisthesis or pars fracture. The progress note, dated 08/22/2014, noted the injured worker complained of pain to her right lower back that occasionally radiates down her leg without numbness and tingling, her right knee had "given out," the pain is rated 6/10 to 7/10 to her back and 4/10 to her right leg. The physical exam revealed tenderness to palpation of the lumbar spine, the posterior superior iliac spine, and sacroiliac region. The range of motion was limited in knee flexion and painful with lumbar extension. The motor strength was noted as 5/5 to the bilateral lower extremities, with intact sensation and normal deep tendon reflexes. The medications included Lyrica, Celexa, and occasional Norco. The treatment plan requested a short course of acupuncture to address pain related to a recurrence of her right sided lumbar strain, also recommended NSAIDs and a followup in 2 months. The Request for Authorization form was submitted for review for the acupuncture on 08/25/2014. The Request for Authorization form for the followup visit was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture (x8): Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The MTUS Acupuncture Guidelines recommend acupuncture as an option when pain medications are reduced or not tolerated, or as an adjunct to physical therapy or surgical intervention to hasten recovery. The guidelines state acupuncture treatments should produce functional improvement in 3 to 6 treatments and the guidelines recommend continuation of treatment if there is evidence of significant objective functional improvement at a frequency of 1 to 3 sessions per week over 1 to 2 months after the initial trial. There is no documentation of intolerance or a change to the injured worker's medications. There is no documentation indicating active therapy will be continued. The request for 8 sessions would exceed the guideline recommendation of 3 to 6 initial treatments. Given the previous, 8 sessions of acupuncture would be excessive and not supported at this time. As such, the request is not medically necessary.

Follow-up in 2 months: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Office Visits.

Decision rationale: The injured worker had a recurrent lumbar sprain/strain with pain rated 6/10 to 7/10 with the use of Lyrica, Celexa, and occasional Norco. The Official Disability Guidelines note the need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. There is no evidence of a change in the injured worker's treatment plan which would require follow-up. As the request for acupuncture is not indicated at this time, the requested followup visit would not be indicated at this time. Therefore, the request is not medically necessary.

