

Case Number:	CM14-0097519		
Date Assigned:	07/16/2014	Date of Injury:	03/29/2014
Decision Date:	08/22/2014	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	05/22/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in California and Nevada. 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 60 year old female truck driver whose date of injury is 05/12/14. She complains of right shoulder pain, low back pain radiating to the lower extremities, left ankle pain. Current medications were listed as hydrocodone, cyclobenzaprine, warfarin, lisinopril/hydrochlorothiazide and omeprazole. The injured worker was seen on 04/25/14 for initial orthopedic spine surgery consultation. Physical examination reported mild tenderness to palpation over anterolateral aspect of the right shoulder. Range of motion was somewhat reduced on the right, with mildly positive impingement on the right. Motor strength was 5/5. The injured worker walks with an antalgic gait favoring the right lower extremity. She utilizes a front wheel walker for ambulation. There is tenderness to palpation of the paravertebral muscles bilaterally; no evidence of tenderness over the sacroiliac joints. Sensation was intact to light touch in the bilateral lower extremities. Lumbar range of motion was decreased with pain in all planes. Deep tendon reflexes were 1+ at the bilateral knees and right ankle, and absent at the left ankle. Motor strength was 5/5 throughout the lower extremities, except 4+/5 left ankle dorsiflexion and 2-3/5 left extensor hallucis longus. Straight leg raise was negative bilaterally. Authorization was requested for x-rays of the left ankle and of the lumbar and thoracic spine; physical therapy; and acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture #6 sessions: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.1. Acupuncture Medical Treatment Guidelines Page(s): 8-9.

Decision rationale: California Medical Treatment Utilization Schedule reflects that acupuncture may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The injured worker was recommended for physical therapy and for acupuncture, but only physical therapy was authorized. There is some evidence that acupuncture adds to the treatment effect of conventional therapy. An initial trial of 3-6 visits is appropriate to produce functional improvement, and acupuncture may be extended if functional improvement is documented. Based on the clinical information provided, a trial of 6 sessions of acupuncture is recommended as medically necessary.

Xray thoracic and lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304, 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Radiography (x-rays).

Decision rationale: Current evidence-based guidelines do not support the use of routine x-rays in the absence of red flags. The injured worker has no findings indicative of significant lumbar spine pathology as the changes in reflex and motor strength in the left lower extremity appear to be secondary to the left ankle injury rather than any lumbar spine injury. The injured worker has just begun therapy for the low back, and x-rays are not indicated at this time. Based on the clinical information provided, medical necessity is not established for X-ray thoracic and lumbar spine.