

Case Number:	CM13-0067360		
Date Assigned:	01/03/2014	Date of Injury:	08/27/2010
Decision Date:	03/05/2015	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/17/2013

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 female claimant sustained a work injury on 8/27/10 involving the low back. She was diagnosed with lumbago/lumbar radiculopathy. She had undergone 6 sessions of acupuncture therapy in 2013. She had undergone physical therapy and use of NSAIDs and opioid for pain. Prior EMG in 2011 of the lower extremities was normal. A progress note on 12/9/13 indicated the claimant had a positive Faber study on the right side with tenderness in the right SI joint. The physician requested 6 additional sessions of acupuncture to allow the claimant to continue working. In addition, a request made for a consultation with another physician to perform an SI joint injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture (6-sessions): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain 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. Frequency and duration of acupuncture or acupuncture with electrical stimulation may be performed as follows: (1) Time to produce functional improvement: 3 to 6 treatments; (2) Frequency: 1 to 3 times per week; and (3) Optimum duration: 1 to 2 months. In this case, the claimant had undergone 6 acupuncture sessions in the past. There are no clinical notes indicating therapeutic improvement from acupuncture. Improvement is typically seen within 6 sessions. Due to lack of documentation of functional improvement from acupuncture, the request is not medically necessary.

Right S1 Joint Injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Work Loss Data Institute, Low Back

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip Pain and Intraarticular Joint Injections

Decision rationale: According to the Official Disability Guidelines, hip injections are not indicated in early arthritis. Corticosteroid injections are effective for greater trochanteric pain syndrome (GTPS) managed in primary care. In this case, the claimant does not have findings of moderate/severe arthritis or GTPS. The request for an SI injection is not medically necessary.