

Case Number:	CM14-0215534		
Date Assigned:	01/05/2015	Date of Injury:	05/31/2013
Decision Date:	02/28/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/23/2014

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. 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: Texas, 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:

This is a 62 year old female patient who sustained an injury on 5/31/13. Patient sustained the injury due to slip and fall incident The current diagnosis includes s/p lumbar laminotomy in 1997, low back pain with sciatica, bilateral knee DJD Per the doctor's note dated 11/13/14, she had complaints of low back pain with radiation. The physical examination revealed tenderness on palpation, limited range of motion, muscle spasm. She has had MRI of the low back on 4/23/14 that revealed disc protrusion and foraminal narrowing; MRI of left shoulder that revealed RTR, MRI brain that was normal and MRI of the cervical spine that revealed degenerative changes; EMG revealed CTSS She has undergone lumbar laminotomy in 1997. Patient has received an unspecified number of PT and chiropractic visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for the low back; 10 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Per the CA MTUS Acupuncture medical treatment guidelines cited below state that "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. "The medical records provided did not specify a plan to reduce pain medications, or any intolerance to pain medications that patient is taking currently. Patient has received an unspecified number of PT visits for this injury. Response to any prior rehabilitation therapy including PT/acupuncture/pharmacotherapy since the date of injury was not specified in the records provided. The records submitted contain no accompanying current PT/acupuncture evaluation for this patient. Prior conservative therapy visit notes were not specified in the records provided. Any evidence of diminished effectiveness of medications was not specified in the records provided. The medical necessity of Acupuncture for the low back; 10 sessions is not fully established.

Referral to pain management: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Epidural Steroid Injections, AMA guides, pages 382-383

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): Chapter 7, IME and consultations.

Decision rationale: Per the cited guidelines, "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." Patient sustained the injury due to slip and fall incident. The current diagnosis includes s/p lumbar laminotomy in 1997, low back pain with sciatica, bilateral knee DJD. Per the doctor's note dated 11/13/14, she had complaints of low back pain with radiation. The physical examination revealed tenderness on palpation, limited range of motion, muscle spasm. She has had MRI of the low back on 4/23/14 that revealed disc protrusion and foraminal narrowing; MRI of left shoulder that revealed RTR. MRI of the cervical spine that revealed degenerative changes; EMG revealed CTS. She has undergone lumbar laminotomy in 1997. This is a complex case. A Referral to pain management is deemed medically appropriate and necessary.