

Case Number:	CM14-0215946		
Date Assigned:	01/06/2015	Date of Injury:	10/15/2007
Decision Date:	02/25/2015	UR Denial Date:	11/25/2014
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: 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 50 year old female who sustained a work related injury October 15, 2007. Past medical history included diagnoses of diabetes, hypertension, and high cholesterol. The treating pain medicine physician noted in an office visit dated September 11, 2014; the injured worker had lost approximately 30 pounds while in Africa for a few months and although out of medication the pain has improved in her lower back. According to the pain medicine treating physician's report, dated November 20, 2014, the injured worker presented for a comprehensive visit with complaints of ongoing low back pain with radiation down into her right lower extremity. The pain is aggravated with activities and cold weather. Physical examination reveals a normal gait without assisted device. There is lumbar sacral tenderness to palpation with painful range of motion of the lumbar spine noted. Deep tendon reflexes are equal in bilateral lower extremities. Straight leg raise is positive on the right side and negative on the left side. There is EHL (extensor hallucis longus muscle) weakness on the right side compared to the left side. Diagnoses are documented as; lumbosacral disc injury, lumbosacral radiculopathy, L5-S1 lumbosacral disc injury with tear, and abdominal contusion. Treatment plan included continuation of Norco, Lyrica and ketoprofen cream with understanding of side effects, continued home exercise as tolerated, and follow-up in a month. There is no documentation of work status present in the medical record. There is no documentation of x-ray, MRI, previous treatment records of physical therapy and/or acupuncture or request form for authorization of treatment present in the medical record. According to utilization review performed November 25, 2014, electro acupuncture, infra-red, myofascial release two times a week times three weeks, (6

lumbar spine is non-certified. Citing MTUS Acupuncture Medical Treatment Guidelines, the injured worker has already received 24 sessions of approved acupuncture treatments. According to the documentation submitted, there is no record of analgesic for functional benefit from this treatment. The guidelines require objective evidence of functional improvement for treatment to continue.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electro acupuncture, infra-red, myofascial release 2xwk x 3wks, lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Page(s): 58-59. Decision based on Non-MTUS Citation Official Disability Guidelines ((ODG)

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Per utilization review, patient has been authorized with 24 acupuncture treatments. Provider requested additional 6 acupuncture treatments for lumbar spine which were non-certified by the utilization review. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Additional visits may be rendered if the patient has documented objective functional improvement. Per MTUS guidelines, Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam or decrease in medication intake. Per review of evidence and guidelines, 2x3 acupuncture treatments are not medically necessary.