

Case Number:	CM14-0217916		
Date Assigned:	01/07/2015	Date of Injury:	02/25/2013
Decision Date:	03/03/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	12/29/2014

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:

This 62 year old female was a food service aide when she sustained an injury on February 25, 2013. The injured worker slipped and fell while walking, injuring her neck, back, and leg. The diagnoses and results of the injury include a left thigh contusion, knee strain/sprain, and lumbosacral strain/sprain. Past treatment included non-steroidal anti-inflammatory medication, oral and topical pain medication, hot/cold therapy, and physical therapy. On July 18, 2013, an MRI of the lumbar spine revealed multilevel broad-based bulging from L3 through S1. On August 1, 2013, an electrodiagnostic study of bilateral lower extremities revealed right L5 radiculopathy. On September 9, 2013, the injured worker underwent a transforaminal epidural steroid injection of the right L4-L5 and L5-S1, which helped for two months. On February 6, 2014, the injured worker was evaluated and found to be permanent and stationary. On April 23, 2014, the qualified medical evaluator noted that future medical care included physical therapy, chiropractic therapy, acupuncture, and medications. On October 31, 2014, the treating physician noted constant lower back pain, rated 7 on a 1-10 scale. The pain is sharp, dull and throbbing at times. There was radiation of numbness and tingling down the right lower extremity to the toes. The pain was somewhat relieved by medication, physical therapy, and epidural steroid injection. The physical exam revealed a semi-antalgic gait with favoring of the right leg. No use of an assistive device. The bilateral upper and lower extremities range of motion was normal and provocative orthopedic tests were negative. The spine exam revealed no scoliosis, lordosis, or kyphosis. There was tenderness to palpation in the lower paraspinals parafacet area from L3 to S1, straight leg raising and femoral stretch tests were negative, and the FAIR and Faber tests

were positive. The neurological exam revealed a sensory deficit to light touch, pinprick, and temperature at the right L5-S1 dermatome, normal muscle stretch reflexes, mildly decreased motor strength of the right lower extremity, slight difficulty standing on the right heel and toes. Diagnoses were multilevel lumbar degenerative disc disease, lumbar radiculopathy, myofascial pain, right iliotibial syndrome, right piriformis syndrome, insomnia, and adjustment disorder with depressed mood. The physician recommended continuing the pain, proton pump inhibitor, and a muscle relaxant medications; 12 sessions of aquatic therapy. The physician noted the injured worker may need physical therapy or acupuncture for lower back pain flare-up. On December 9, 2014, Utilization Review non-certified or modified a prescription for 6 sessions of acupuncture for the lumbar spine. The acupuncture was non-certified or modified based on the lack of documentation of a current flare-up of lumbar pain or objective findings in relation to the low back. The California Medical Treatment Utilization Schedule (MTUS) Acupuncture Medical Treatment Guidelines was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture sessions x 6 lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to evidenced based guidelines, further acupuncture after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. The claimant has had prior acupuncture of unknown quantity and duration. However, the provider fails to document objective functional improvement associated with acupuncture treatment. Therefore further acupuncture is not medically necessary. The request for acupuncture is being made based on future medical care, however future medical care recommended acupuncture for flare-ups and not for chronic pain. There is no documentation of a flare-up and the request is being made for chronic pain.