

Case Number:	CM14-0219046		
Date Assigned:	01/09/2015	Date of Injury:	07/15/2013
Decision Date:	03/09/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	12/31/2014

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 male, who sustained an industrial injury on 07/15/2013 when he fell about 12 feet to the ground and hit the back of his head and back. Diagnoses on ER admission was of definitive fractures at L3 and L4 anteriorly, possible fracture at L1 and T12, some disc bulges at L3-L4 and L4-L5 with probable foraminal narrowing, closed head injury and cerebral concussion. He has reported lower back pain radiating to the right lower extremity and dorsal foot rated 7-8 of 10 that was constant and worse with exertion. As of 09/18/2014, the IW was walking with a cane, walker, and brace as needed and tolerated. There have been no surgeries. The IW has not been working since the accident. The diagnoses have included a closed dislocation, lumbar vertebra-fracture of unspecified bone, closed-thoracic or lumbosacral neuritis or radiculitis, unspecified. Treatment to date has included x-rays, MRI's, medications, and limited visits of physical therapy. As of 02/25/2014, the IW had Physical therapy 2x/wk. for 6 weeks to the lumbar spine, and acupuncture 2x/week to the Lumbar spine and the IW was using topical compounded pain medications. The visit notes of 07/28/2014 stated he was on Celebrex, Percocet, Flexaril and Restoril. According to the UR report, a progress note of 12/01/2014 indicated the IW's activity and pain levels had remained the same since the prior visit. Physical examination of the cervical spine indicated full flexion, extension and lateral bending. The lumbar spine had a range of motion restricted to 35 degrees with pain on flexion. The plan of care included recommendations for physical therapy and acupuncture. On 12/12/2014 Utilization Review non-certified a request for Acupuncture x15 sessions lumbar spine. The request was denied because although an initial trial of acupuncture would be supported, the

request for acupuncture x15 sessions exceeds the recommended time of 3-6 sessions needed to produce functional improvement. California Medical Treatment Utilization Schedule (CA MTUS) Acupuncture guideline was cited. On 12/28/2014, the injured worker submitted an application for Independent medical review (IMR) for review of the decision that modified the request to Acupuncture x8 sessions Lumbar Spine. The IMR request was received on 12/31/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture x6 Sessions Lumbar Spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Patient has not had prior Acupuncture treatment. Provider requested initial trial of 15 acupuncture treatments which were modified to 6 by the utilization review. Per guidelines 3-6 treatments are supported for initial course of Acupuncture with evidence of functional improvement prior to consideration of additional care. Requested visits exceed the quantity of initial acupuncture visits supported by the cited guidelines. Additional visits may be rendered if the patient has documented objective functional improvement. MTUS- Definition 9792.20 (f) 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. Per guidelines and review of evidence, 15 Acupuncture visits are not medically necessary.