

Case Number:	CM14-0219181		
Date Assigned:	01/09/2015	Date of Injury:	01/07/2013
Decision Date:	03/09/2015	UR Denial Date:	12/15/2014
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 27 year old female who sustained a work related injury January 7, 2013. She had been treated in the past for low back pain with radiation to the right posterior lower extremity with epidural steroid injections and pain medications. According to a follow-up physiatry pain evaluation report dated November 6, 2014, the injured worker presented complaining of pain in the lower back and right lower extremity rated 6/10 with medication. Physical examination reveals tenderness on palpation of the lumbosacral spine and paraspinal muscles from L3-S1 with stiffness and spasm. Range of motion is noted to be painful but within normal limits. Straight leg raising, sitting and supine, right 60 degrees and left 90 degrees, Fabere-Patrick's, extension and Gaenslen's tests are negative. There is radicular pain in present in L5-S1 distribution with decreased sensation. Gait favors the right side, otherwise normal. Diagnoses are myofascial sprain and strain of the lumbosacral spine; degenerative disc disease of the lumbosacral spine and L5-S1 radiculopathy on the right. Treatment plan included continue medications and continue work status with 5 pound weight restriction for lifting, pulling, and pushing and no more than 20 minutes per hour for sit stand and walk four hours a day. Also noted from a physiatry physician's documentation, dated October 9, 2014, they are waiting for approval of requests for spine consultation, EMG/NCV studies and acupuncture. According to utilization review performed December 15, 2014, the request for Acupuncture 1 x week x 6 weeks, Lumbar Spine, is non-certified, citing MTUS Acupuncture Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 1x6 weeks for the 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 had prior acupuncture treatment. Provider requested additional 6 acupuncture sessions which were non-certified by the utilization review. There is lack of evidence that prior acupuncture care was of any functional benefit. 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, 1X6 acupuncture treatments are not medically necessary.