MAXIMUS Federal Services

Case Number:	CM14-0092001		
Date Assigned:	07/25/2014	Date of Injury:	12/26/2013
Decision Date:	04/24/2015	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/16/2014

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, Florida
Certification(s)/Specialty: Anesthesiology, Pain Management

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 41 year old female, who sustained an industrial injury on 12/26/2013. She reported back pain, when transferring a patient. She reported a back injury several months prior, while working for another company. The injured worker was diagnosed as having cervical sprain/strain with myospasms, lumbar sprain/strain with radiculopathy and myospasms, chronic pain, gastritis, lumbar spine disc desiccation, lumbar spine multi-level disc protrusions, insomnia, and anxiety. Treatment to date has included conservative measures, including medications, physical therapy, and acupuncture. On 5/09/2014, the injured worker complained of constant low back pain, moderate to severe, with radiation to her upper back, head, bilateral shoulders, bilateral legs and waist. She reported upper back pain as moderate to severe. She reported anxiety and insomnia, due to pain. She reported that acupuncture treatment aggravates her pain on occasion, but has helped decrease the pain somewhat. Physical exam of the cervical spine noted tenderness and spasm of the upper trapezius muscles and suboccipitals, bilaterally. Exam of the thoracic spine noted tenderness, spasms, and inflammation of the right quadratus lumborum muscles, tenderness to the bilateral paraspinals, and tenderness to the bilateral sacroiliacs. Electrodiagnostic studies, dated 3/21/2014, noted evidence of peripheral neuropathy of the left saphenous sensory nerve. Medications included Cyclobenzaprine, Naproxen, and Pantoprazole. The treatment plan included additional acupuncture visits for the cervical and lumbar spines. A Utilization Review determination was rendered recommending non certification for Acupuncture 8 treatments (cervical, lumbar).

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 8 treatments (cervical, lumbar): Overturned

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The CA MTUS- Acupuncture Medical Treatment Guidelines recommend that acupuncture can be utilized for the treatment of exacerbation of musculoskeletal pain. The utilization of acupuncture treatments can result in pain relief, reduction in medications utilization and functional restorations. The records indicate that the patient reports overall significant pain relief and improved physical function following previous acupuncture treatments. The criteria for Acupuncture 8 treatments (cervical and lumbar) was met. Therefore, the request is medically necessary.