

Case Number:	CM15-0019594		
Date Assigned:	02/09/2015	Date of Injury:	11/28/2013
Decision Date:	03/31/2015	UR Denial Date:	01/02/2015
Priority:	Standard	Application Received:	02/02/2015

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: Ohio

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 56 year old female, who sustained an industrial injury on 11/28/13. She has reported mid and low back injury while repositioning a patient in a wheelchair. The diagnoses have included lumbar radiculopathy and lumbar spondylosis. Treatment to date has included medications, acupuncture and conservative measures. Currently, the injured worker complains of low back ache and right lower extremity pain. The pain is in the back, down the right thigh and into the knee. There was stiffness in the lumbar spine with muscle spasm relieved with repositioning or movement. She reports as becoming worse with bearing weight and walking. She states that the pain is better with acupuncture. Physical exam revealed the lumbar spine range of motion was restricted and spinous process tenderness. The injured worker could not walk on toes. There was a brace on the right knee. The Ober's, Pace's, straight leg raise and Faber's test was positive. There was diminished sensation in the right thigh. There were no recent diagnostics noted and no current medications were documented. Treatment plan was for lumbar facet joint injection, Transcutaneous Electrical Nerve Stimulation (TENS), acupuncture, right knee brace, back brace and seated walker. Work status was temporary total disabled. On 1/2/15 Utilization Review non-certified a request for Acupuncture 1time per week times 4 weeks Lumbar Spine and Right Knee, noting that for acupuncture to be justified there needs to be sufficient documentation of improvements in pain, reduction of medication and improvement in function. The (MTUS) Medical Treatment Utilization Schedule and (ACOEM) Occupational Medicine Practice Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 1Xweek X4 weeks Lumbar Spine , Right Knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Acupuncture medical treatment guidelines state that acupuncture treatments may be extended if functional improvement is documented. Guidelines also recommend a trial of 3 to 6 visits 1 to 3 times a week to produce functional improvement. Based on the file presented the patient has undergone at least seven acupuncture visits which would reflect an adequate trial of care. There is no objective functional improvement documented from the previous acupuncture treatments. Based on the acupuncture medical treatment guidelines and the lack of objective functional improvement from previous treatment, the request for acupuncture one time a week for four weeks is not medically necessary.