

<b>Case Number:</b>	CM15-0019938		
<b>Date Assigned:</b>	02/09/2015	<b>Date of Injury:</b>	07/29/2014
<b>Decision Date:</b>	03/26/2015	<b>UR Denial Date:</b>	01/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: California, Indiana, New York  
Certification(s)/Specialty: Internal 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 70 year old person, who sustained an industrial injury on 7/29/2014, while working as a caregiver. The diagnoses have included thoracic or lumbosacral neuritis or radiculitis, unspecified, lumbar and thoracic sprain/strain, and right hip sprain. Treatment to date has included conservative measures. A magnetic resonance imaging report of the lumbar spine, dated 10/25/2014, was submitted. A magnetic resonance imaging report of the thoracic spine, dated 10/25/2014 was submitted. Currently, the injured worker complains of frequent and moderate, throbbing upper/mid back pain, stiffness, heaviness, and weakness. She also reported right hip pain with radiation to the right lower extremity, with numbness, tingling, and weakness. She reported depression and memory loss. Thoracic and lumbar range of motion was decreased and painful. Tenderness to palpation was noted to the thoracic and lumbar paravertebral muscles and the posterior and lateral hip. Current medications were not documented. Treatment plan included acupuncture and appointment with orthopedic surgeon. On 1/02/2015, Utilization Review (UR) non-certified a request for referral to orthopedic surgeon, noting the lack of compliance with MTUS/ACOEM Guidelines. The UR modified a request for acupuncture for lumbar, thoracic, and hip (3x6) to a trial of 6 acupuncture visits, citing MTUS Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture for lumbar, thoracic, and hip (3 x per week for 6 weeks): Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain, low back, and hip sections, Acupuncture

**Decision rationale:** Pursuant to the Acupuncture Medical Treatment Guidelines and the Official Disability Guidelines, acupuncture lumbar, thoracic and hip three times per week times six weeks is not medically necessary. Acupuncture is not recommended for acute low back pain. Acupuncture is recommended as an option for chronic low back pain using a short course of treatment in conjunction with other interventions. The official disability acupuncture guidelines provide for an initial trial of 3-4 visits over two weeks. With evidence of objective functional improvement, a total of up to 8 to 12 visits over 4 to 6 weeks may be indicated. The evidence is inconclusive for repeating this procedure beyond an initial short period. In this case, the injured worker's working diagnoses are thoracic sprain & sprain; thoracic facet arthropathy; thoracic spinal canal stenosis; lumbar sprain-strain myospasm; grade 1 anterolisthesis L5 over S1; lumbar disc protrusion L4 - L5; lumbar facet hypertrophy L4 - L5; lumbar neural foraminal stenosis L4 - L5; radiculitis lumbar; right hip sprain & strain; and metallic artifacts right hemi pelvis iatrogenic, small subchondral cyst/erosion in the right acetabular roof (per MRI). The documentation indicates the injured worker received 24 sessions of physical therapy. There are no physical therapy progress notes and the documentation does not contain evidence of objective functional improvement. The requesting provider requested acupuncture three sessions per week times three weeks in the record documentation. The request for authorization states three sessions per week from six weeks. The guidelines recommend an initial trial of 3 to 4 visits over two weeks. The treating physician has exceeded the recommended guidelines for an initial trial. Consequently, absent clinical documentation with objective functional improvement as to the prior 24 sessions of physical therapy while exceeding the recommended guidelines for acupuncture treatment (3-4 visits over two weeks), acupuncture lumbar, thoracic and hip 3 times per week times 6 weeks is not medically necessary.

**Referral to Ortho surgeon:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medical - Legal / Claims Management Issues; History and Physical E. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7

**MAXIMUS guideline:** Decision based on MTUS ACOEM Page(s): Chapter 7, page 127. Decision based on Non-MTUS Citation Pain section, Office visits

**Decision rationale:** Pursuant to the ACOEM and the Official Disability Guidelines, referral to an orthopedic surgeon is not medically necessary. An occupational health practitioner may refer to other specialists if the diagnosis is certain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A

consultation is designed to aid in the diagnosis, prognosis and therapeutic management of a patient. The need for a clinical office visit with a healthcare provider is individualized based upon a review of patient concerns, signs and symptoms, clinical stability and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medications such as opiates for certain antibiotics require close monitoring. In this case, the injured worker's working diagnoses are thoracic sprain & sprain; thoracic facet arthropathy; thoracic spinal canal stenosis; lumbar sprain-strain myospasm; grade 1 anterolisthesis 05 over S1; lumbar disc protrusion L4 - L5; lumbar facet hypertrophy L4 - L5; lumbar neural foraminal stenosis L4 - L5; radiculitis lumbar; right hip sprain & strain; and metallic artifacts right hemi pelvis iatrogenic, small subchondral cyst/erosion in the right acetabular roof (per MRI). The documentation indicates the injured worker received 24 sessions of physical therapy. There are no physical therapy progress notes and the documentation does not contain evidence of objective functional improvement. The documentation does not contain a clinical indication or rationale for a referral to an orthopedic surgeon. A consultation is designed to aid in the diagnosis, prognosis and therapeutic management of a patient. There is no documentation indicating an issue that will aid in the diagnosis, prognosis or therapeutic management of the injured worker. Consequently, absent clinical documentation with a clinical indication or rationale for a referral to a subspecialist, referral to an orthopedic surgeon is not medically necessary.