

Case Number:	CM15-0112137		
Date Assigned:	07/22/2015	Date of Injury:	02/06/2013
Decision Date:	08/25/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/09/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

This 26 year old man sustained an industrial injury on 2/6/2013. The mechanism of injury is not detailed. Evaluations include lumbosacral x-rays dated 4/19/2013 and electromyogram/nerve conduction studies of the left lower extremity dated 11/6/2013. Diagnoses include lumbar radiculopathy, lumbar degenerative disc disease, sciatica, and left lower extremity weakness. Treatment has included oral medications, chiropractic care, and lumbar epidural steroid injection. Physician notes dated 4/22/2015 show complaints of low back pain with bilateral lower extremity radiculopathy. The worker expresses an interest in an acupuncture trial. Recommendations include Norco, Zanaflex, Zovorlex, Omeprazole, Gabapentin, Colace, Senna, cognitive behavioral therapy, continue physical therapy, multidisciplinary evaluation for admittance into a functional rehabilitation program, heat/ice as needed, and follow up in four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 times per week for 3 weeks for the lumbar spine: Overturned

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The injured worker sustained a work related injury on 2/6/2013. The medical records provided indicate the diagnosis of radiculopathy, lumbar degenerative disc disease, sciatica, and left lower extremity weakness. Treatment has included oral medications, chiropractic care, and lumbar epidural steroid injection. The medical records provided for review do indicate a medical necessity for Acupuncture 2 times per week for 3 weeks for the lumbar spine. The MTUS Acupuncture guidelines recommends acupuncture states that (1) "Acupuncture" is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The guideline further states, (c) Frequency and duration of acupuncture or acupuncture with electrical stimulation may be performed as follows: (1) Time to produce functional improvement: 3 to 6 treatments. (2) Frequency: 1 to 3 times per week. (3) Optimum duration: 1 to 2 month. Therefore, since the 6 visits requested is within the recommended visits for functional improvement, and since the treatment was made as an adjunct to physical therapy, the treatment is medically necessary.