

Case Number:	CM15-0113238		
Date Assigned:	06/24/2015	Date of Injury:	01/02/1996
Decision Date:	07/30/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	06/11/2015

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, California
 Certification(s)/Specialty: Family Practice

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 is a 69 year old male patient, who sustained an industrial injury on 1/02/1996. Diagnoses include lumbar sprain/strain, radiculopathy, spondylosis, facet osteoarthritis, and degenerative disc disease. Per the Primary Treating Physician's Progress Report dated 5/08/2015, he reported lower back pain described as a little worse with the cold. Aleve helps the pain. The acupuncture was helping to keep the pain at a tolerable level. Physical examination revealed tenderness to palpation of the paravertebral muscles, positive Straight leg raise bilaterally, decreased sensation bilaterally at L4-S1, range of motion- flexion 44 degrees, extension 16 degrees, and left and right lateral bending 22 degrees. The current medications list is not specified in the records provided. Treatment to date has included acupuncture, physical therapy, chiropractic care, medications and home exercise. The plan of care included, and authorization was requested for acupuncture x 6 and reevaluation with a pain management specialist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture with infra lamp/medical supply/kinesio tape (x6): Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: MTUS guidelines Acupuncture Medical Treatment Guidelines 9792.24.1 Acupuncture Medical Treatment Guidelines, CA MTUS Acupuncture medical treatment guidelines cited below state that: "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." CA MTUS Acupuncture guidelines recommend up to 3 to 6 treatments over 1 to 2 months for chronic pain. Per the cited guidelines, "Acupuncture treatments may be extended if functional improvement is documented." The medical records provided do not specify any intolerance to pain medications. Patient has already had acupuncture and physical therapy for this injury. There is no evidence of significant ongoing progressive objective functional improvement from the previous acupuncture visits that is documented in the records provided. The medical records provided do not specify any intolerance to pain medications. Response to previous conservative therapy including physical therapy/acupuncture visits is not specified in the records provided. The request for Acupuncture with infra lamp/medical supply/kinesio tape (x6) is not medically necessary or fully established in this patient at this time.

Re-eval with pain management: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, Independent Medical Examinations and Consultations, page 127.

Decision rationale: Per the cited guidelines, "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." Evidence that the diagnosis is uncertain or extremely complex is not specified in the records provided. Response to previous conservative therapy is not specified in the records provided. An abnormal diagnostic study report of lumbar spine with significant abnormalities is not specified in the records provided. Evidence of presence of psychological factors is not specified in the records provided. Re-eval with pain management is not medically necessary for this patient.