MAXIMUS Federal Services

Case Number:	CM15-0091388		
Date Assigned:	05/15/2015	Date of Injury:	09/22/2013
Decision Date:	06/17/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/12/2015

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
Certification(s)/Specialty: 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 58-year-old female, who sustained an industrial injury on 9/22/2013. She reported low back pain after carrying a massage table. The injured worker was diagnosed as having right hip osteoarthritis, right hip partial gluteus medius tear, lumbar radiculopathy, right hip degenerative joint disease, right gluteus medius strain, and lumbago. Treatment to date has included: ice, x-rays of the right hip showing mild spurring of the femoral head, physical therapy, magnetic resonance imaging of the right hip showing mild spurring of the right femoral head and tendinopathy, home exercises, and right intra-articular hip injection. She is also noted to have tried an unknown quantity of massage therapy with significant relief, unknown quantity of chiropractic therapy with minimal relief, and an unknown quantity of acupuncture with "significant relief". The requested treatment is: acupuncture. The records indicated she had 15 sessions of physical therapy that provided 2-3 days of relief. On 2/13/2015, she complained of continued right hip pain that was aching and sharp with radiation into the thigh. She rated her pain as 8/10. The treatment plan included: work restrictions, ice therapy, home exercises, and referral for pain management consultation. The right hip exam noted no tenderness, but there was pain with rand of motion. On 2/27/2015, she reported continued low back pain that was burning and stabbing. She rated her low back pain a 5/10. She also complained of left hip pain that was aching and stabbing. She rated her left hip pain a 5/10. Her current medications are listed as Ibuprofen, and Curamin. The treatment plan included: Naproxen Sodium, Prednisone, physical therapy, right sacroiliac joint injection and follow up.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The guidelines note that the amount of acupuncture to produce functional improvement is 3 to 6 treatments. The same guidelines read extension of acupuncture care could be supported for medical necessity if functional improvement is documented as either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment. After an unknown number of prior acupuncture sessions (reported benefits as "significant relief"), no clear evidence of any significant, objective functional improvement (quantifiable response to treatment) obtained with previous acupuncture was provided to support the reasonableness and necessity of the additional acupuncture requested. Therefore, based on the lack of documentation demonstrating medication intake reduction, work restrictions reduction, activities of daily living improvement, additional acupuncture fails to meet the guidelines criteria for medical necessity. Therefore, the requested medical treatment is not medically necessary.