

Case Number:	CM15-0097477		
Date Assigned:	05/28/2015	Date of Injury:	10/22/2012
Decision Date:	07/01/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	05/20/2015

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: North Carolina, Georgia
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:

The injured worker is a 46-year-old female, who sustained an industrial injury on 10/22/2012. Diagnoses include lumbosacral sprain/strain, rule out lumbar radiculitis versus radiculopathy, right hip sprain/strain, right knee sprain/strain and right groin strain rule out inguinal hernia. Treatment to date has included diagnostics, medications, acupuncture and physical therapy. Per the Primary Treating Physician's Progress Report dated 3/30/2015, the injured worker reported constant, moderate pain in the lumbar spine, constant, moderate right hip pain, moderate right knee pain and right groin pain. Physical examination of the lumbar spine revealed restricted range of motion in all planes with tenderness to palpation of the L4-S1 spinous processes, lumbar paravertebral muscles and right sacroiliac joint. There was muscle spasm of the lumbar paravertebral muscles and a positive straight leg raise test on the right at 70 degrees. Right hip examination showed decreased range of motion in all planes and tenderness to palpation of the lateral hip and sacroiliac joint. There was decreased range of motion upon flexion of the right knee with tenderness to palpation of the medial joint line and medial knee. The plan of care included, and authorization was requested for Naproxen 500mg, omeprazole 20mg, Cyclobenzaprine 7.5mg and acupuncture (2x4) for the lumbar spine, right knee and right hip.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2x wk x 4 wks for the lumbar spine, right knee and right hip: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: CA MTUS guidelines 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. The 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 months. Acupuncture treatments may be extended if functional improvement is documented. In this case, the claimant has had initial course of acupuncture and the request is for continuation of therapy. The medical records do not contain documentation of functional improvement from initial sessions so 2 x 4 additional sessions of acupuncture are not medically indicated.