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| Case Number: | CM13-0013933 | | |
| Date Assigned: | 01/03/2014 | Date of Injury: | 04/25/2012 |
| Decision Date: | 03/18/2014 | UR Denial Date: | 08/12/2013 |
| Priority: | Standard | Application Received: | 08/20/2013 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Chiropractic and Acupuncture and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 claimant is a 53-year-old female, who sustained a work related injury on 4/25/2012. Her primary diagnoses are lumbar strain/sprain, low back pain, thoracic pain, discogenic pain, thoracic strain/strain, coccydynia, capsulitis, anxiety, medial meniscus tear, knee joint pain, calcaneal bursitis, and chronic pain syndrome. Prior treatments include acupuncture trial, oral medications, and physical therapy. She has left knee pain aggravated by standing and walking. She also has right knee pain and bilateral wrist pain. The claimant had a trial of four sessions of acupuncture from 8/24/2013 to 8/31/2013. Although the acupuncturist documents pain improvement, the primary physician states on report, dated 09/23/2013 that acupuncture seemed to make the pain worse. There is no information on the request for additional acupuncture or of a prior denial.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for the left knee and low back - eight (8) sessions, two (2) times a week for four (4) weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Acupuncture Medical Treatment Guidelines indicate that further acupuncture visits, after an initial trial is medically necessary based on documented functional improvement. The guidelines also indicate that "Functional improvement" means either a clinically significant improvement in activities of daily living or a reduction in work restrictions. The claimant had a trial of four (4) acupuncture visits. However the provider failed to document functional improvement associated with her acupuncture visits. Furthermore, the provider states that acupuncture made her pain worse in a report dated 09/23/2013. It is unclear why further acupuncture was requested and there is no submitted documentation of the request or of the denial. Therefore further acupuncture is not medically necessary.