

Case Number:	CM13-0051182		
Date Assigned:	06/09/2014	Date of Injury:	07/23/2012
Decision Date:	07/14/2014	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	10/02/2013

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. The expert 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 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/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 injured worker is a 59 year old male who reported neck, midback, low back and knee pain from injury sustained on 7/23/12 due to a slip and fall. X-rays of the cervical spine revealed moderate neural foraminal narrowing at C3-C4. MRI of the lumbar spine revealed mild degenerative disc disease with marginal spurring and posterior facet hypertrophy. X-rays of the left knee revealed degenerative joint disease with moderate medial compartment narrowing and marginal osteophyte formation. Patient is diagnosed with intervertebral disc disorder with myelopathy of the cervical, thoracic and lumbar spine; tear of medial cartilage and sprain of cruciate ligament of knee. Patient has been treated with medication, epidural injection and functional restoration program. Per notes dated 7/24/13, patient complains of pain in the cervical, thoracic, lumbar spine and left knee. Examination showed spasm and tenderness throughout the spine. Primary treating physician is requesting 6 acupuncture sessions which were modified to 3. Per notes dated 8/28/13, patient complains of neck pain which is constant moderate to severe pain. Pain is aggravated by turning and twisting. Pain in the thoracic spine is constant moderate to severe pain that is described as achy and is aggravated by sitting for long periods. Low back pain is constant moderate to severe pain that is described as sharp and is made worse by laying face up. Patient reports radiating pain to the left knee pain. Pain is constant to severe and is described as sharp with cramps.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE X 6 VISITS FOR THE LUMBAR SPINE, THORACIC SPINE, CERVICAL SPINE, AND LEFT KNEE: Overturned

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Per MTUS- Section 9792.24.1 Acupuncture Medical treatment Guidelines Page 8-9. "Acupuncture is used as an option when pain medication is reduced and not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery". "Time to produce function improvement: 3-6 treatments. 2) Frequency: 1-3 times per week. 3) Optimum duration: 1-2 months. Acupuncture treatments may be extended if functional improvement is documented". Patient hasn't had prior Acupuncture treatment. Per guidelines 3-6 treatments are sufficient for initial course of Acupuncture. Primary treating physician is requesting 6 acupuncture sessions which is supported by the cited guidelines. Additional visits may be rendered if the patient has documented objective functional improvement. MTUS- Definition 9792.20 (f) Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam. Per guidelines and review of evidence, 6 Acupuncture visits are medically necessary.