

Case Number:	CM13-0051978		
Date Assigned:	12/27/2013	Date of Injury:	07/25/2001
Decision Date:	03/05/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	10/24/2013

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 Occupational Medicine 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 applicant has filed a claim for chronic low back and knee pain associated with industrial injury of July 20, 2001. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; unspecified amounts of chiropractic manipulative therapy; prior SI joint injections and radiofrequency neurotomy procedures to the lumbar spine; prior right knee arthroscopy; and reported return to regular duty work. Per the claims administrator, the applicant had last had acupuncture in 2009. In a January 29, 2013 progress note, the attending provider writes that the applicant has returned to full time work. In a June 25, 2013 handwritten progress note, the attending provider notes that the applicant presents with knee and low back pain with associated spasm. The note is somewhat difficult to follow. Acupuncture and a lumbar MRI are sought while the applicant has returned to modified duty work. An earlier note of June 3, 2013 is notable for comments that the applicant is not using any medications, receives an intraarticular steroid injection into the left buttock, and has returned to regular duty work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for the lumbar spine (8 sessions): Overturned

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: While the eight-session course of treatment does represent treatment in excess of the three- to six-session course recommended for an initial course of therapy, partial certifications are not permissible through the Independent Medical Review process. Nevertheless, the MTUS Acupuncture Guidelines do support usage of acupuncture for a wide variety of purposes, including the chronic pain context present here. The applicant has not had any acupuncture since 2009, per the claims administrator. None of the recent progress notes provided alluded to the applicant having had any recent acupuncture. The applicant's successful return to regular work does constitute prima facie evidence of functional improvement with prior treatments, including prior acupuncture. Pursuit of additional acupuncture is indicated in this context. The request is certified, on Independent Medical Review.