

Case Number:	CM13-0066020		
Date Assigned:	01/03/2014	Date of Injury:	02/09/2013
Decision Date:	05/19/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/16/2013

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 Medicine, has a subspecialty in 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 patient is a 39 year old male with a date of injury of february 9, 2013. According to the progress report dated November 27, 2013, the patient complained of neck, low back, and bilateral knee pain. The neck pain was described as constant radiates to the bilateral upper extremities. The low back pain radiates to the bilateral buttocks and bilateral lower extremities. The bilateral knee pain radiates into the bilateral lower extremities. Significant objective findings include tenderness over the bilateral cervical paraspinal, trapezius, and rhomboids. The patient also had tenderness over the lumbar paraspinal muscles, sciatic notches, and gluts. The left knee revealed pain with flexion and extension. Crepitus was noted in the left knee. The patient had increased pain with climbing stairs, descending squats, and leg extensions. There was decreased sensation over the bilateral lower extremities with numbness and tingling when sitting. Final Determination Letter for IMR Case Number CM13-0066020 3 The patient was diagnosed with lumbosacral sprain/strain with mild underlying spondylosis, left knee contusion, left knee mild patellar tendinosis, and cervical spine mild multi-level degenerative disc disease.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE ONCE A WEEK FOR EIGHT WEEKS FOR THE CERVICAL/LUMBAR SPINE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The submitted records show no evidence of the patient having prior acupuncture treatments. The guideline recommends a trial of three to six treatments with a frequency of one to three times a week over one to two months to produce functional improvement. It states that acupuncture treatments may be extended if functional improvement is documented. Based on the medical records, a current prescription for acupuncture would most accurately be evaluated as an initial trial, for which the guidelines recommend three to six visits. The provider's request for 8 acupuncture sessions exceeds the guidelines recommended number of visits for a trial. The request for Acupuncture, once per week for eight weeks for the cervical/lumbar spine, is not medically necessary or appropriate.