

<b>Case Number:</b>	CM14-0106854		
<b>Date Assigned:</b>	09/15/2014	<b>Date of Injury:</b>	02/08/2013
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	06/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/10/2014

### 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 Physical Medicine and Rehabilitation; has a subspecialty in Pain Management 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:

This is a patient with a date of injury of February 8, 2013. A utilization review determination dated June 19, 2014 recommends modified certification of acupuncture. Eight visits were requested and 6 were certified. Transportation to the acupuncture visits was not certified. A progress report dated June 12, 2014 identifies subjective complaints of low back pain, constipation due to medication, and G.I. upset due to NSAID's. The patient has pain in the low back and both knees with radiation into the left leg. The patient avoids going to work, physically exercising, performing household chores, participating in recreation, doing yard work, and having sexual relations as a result of her pain. Physical examination findings reveal positive Hawkins test, reduced range of motion of the lumbar spine, tenderness to palpation over the lumbar paraspinal muscles, tenderness to palpation over the lateral joint line of the knee, 5/5 strength in the lower extremities, and decreased sensation in the right L5 and S1 dermatomes. The diagnoses include lumbago, disorders of the bursa and tendons in the shoulder region, and unspecified internal derangement of the knee. The treatment plan recommends acupuncture 2 times a week for 3 to 4 weeks as a trial. The requesting physician then goes on to cite guidelines recommending 3 to 6 treatments to produce functional improvement. Additionally, tramadol is prescribed as well as recommendation to continue Norco and naproxen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 2 times a week for 4 weeks: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Medical treatment utilization schedule, Official Disability Guidelines (ODG), Chronic Pain Chapter, Acupuncture.

**Decision rationale:** Regarding the request for acupuncture, California MTUS does support the use of acupuncture for chronic pain. Acupuncture is recommended to be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Additional use is supported when there is functional improvement documented, which is defined as "either a clinically significant improvement in activities of daily living or a reduction in work restrictions... and a reduction in the dependency on continued medical treatment." A trial of up to 6 sessions is recommended, with up to 24 total sessions supported when there is ongoing evidence of functional improvement. Within the documentation available for review, it is unclear what current concurrent rehabilitative exercises will be used alongside the requested acupuncture. Additionally, the current request for a visit exceeds the 6 visit trial recommended by guidelines. Unfortunately, there is no provision to modify the current request. As such, the currently requested acupuncture is not medically necessary.

**Transportation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG - TWC Knee and Leg Procedure Summary last updated 03/31/2014; Transportation

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Medicare Coverage of Ambulance, page 6  
Services <https://www.medicare.gov/Pubs/pdf/11021.pdf>

**Decision rationale:** Regarding the request for transportation, California MTUS and ODG do not address the issue. The California Department of Health Care Services notes that nonemergency medical transportation when the patient's medical and physical condition is such that transport by ordinary means of private or public conveyance is medically contraindicated. Within the documentation available for review, there is no clear rationale identifying why other forms of private and/or public conveyance are contraindicated. In light of the above issues, the currently requested transportation is not medically necessary.