

Case Number:	CM14-0106886		
Date Assigned:	07/30/2014	Date of Injury:	07/15/2011
Decision Date:	10/06/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	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 Chiropractics 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 49 year old male who reported low back pain, neck pain and right knee pain from injury sustained on 07/15/11 due to cumulative trauma of strenuous job duties of pushing, pulling, lifting and using heavy tools. MRI of the lumbar spine revealed multilevel disc protrusions. MRI of the right knee revealed radial tear of medial meniscus, mild medial femorotibial arthrosis and mild patellofemoral arthrosis. Patient is diagnosed with lumbar sprain/strain; brachial neuritis or radiculitis; sprain/strain of unspecified site of knee/leg; thoracic and lumbosacral neuritis. Patient has been treated with medication and therapy and is pending authorization for right knee surgery. Per medical notes dated 01/30/14, patient complains of neck, low back and right knee pain rated at 7/10. Range of motion since last visit has remained unchanged. Patient is not working. Physical therapy has been kept on hold, medication helps for the pain. Range of motion of cervical spine revealed abnormal findings. Neck palpation reveals tenderness. Range of motion of the lumbar spine reveals abnormal finding. Provider is requesting initial trial of 6 acupuncture treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electroacupuncture/Acupuncture treatment; 6 visits, twice a week for 3 weeks as a trial period): Upheld

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 has not had prior Acupuncture treatment. Acupuncture is used as an option when pain medication is reduced or not tolerated which was not documented in the provided medical records. Acupuncture is used as an adjunct to physical rehabilitation; per medical notes dated 01/30/14 physical therapy has been kept on hold (reasoning was not documented). Provider did not document functional deficits or functional goals as it pertains to requested acupuncture sessions. Per guidelines and review of evidence, 6 Acupuncture visits are not medically necessary.