

Case Number:	CM14-0111618		
Date Assigned:	08/01/2014	Date of Injury:	07/02/2010
Decision Date:	09/09/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/17/2014

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 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 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 55 year old individual who had an original date of injury of July 2, 2010. The patient has diagnoses of chronic low back pain, lumbar radiculitis, chronic knee pain, and knee and the sippy. The disputed issues in this case are a request for acupuncture trials for 8 sessions and work conditioning. A utilization review determination had modified this request to allow 6 sessions of acupuncture to the left knee. This is in accordance with guidelines as argued by the utilization reviewer. The reviewer stated that the work conditioning is not appropriate because the patient does not have a job to return to and an employer - employee return to work plan.

IMR ISSUES, DECISIONS AND RATIONALES

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

Therapy: Acupuncture 2 x 4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: In this case, the California Medical Treatment and Utilization Schedule is cited and specify that the timeline to demonstrate functional efficacy of acupuncture allows a

trial of up to 6 sessions of acupuncture. The original request for 8 sessions of acupuncture is therefore outside of guidelines and is not recommended.

Work Conditioning: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Physical Medicine Guidelines: Work Conditioning.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work Conditioning Section Page(s): 125-126.

Decision rationale: In the case of this injured worker, the work conditioning criteria are not met. There does not appear to be a well-defined employer-employee return to work plan in place. Some of the recent progress notes in 2014 are handwritten and difficult to decipher. However, there does not appear to be an adequate discussion of a return to work plan. This is not medically necessary.