

Case Number:	CM14-0127735		
Date Assigned:	08/15/2014	Date of Injury:	02/25/1991
Decision Date:	09/12/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	08/12/2014

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 a Licensed Chiropractor and Acupuncturist 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 52 year old male who reported low back pain from injury sustained on 02/25/91 due to lifting heavy boxes filled with liquor. MRI of the right knee revealed multiple percruciate ganglion cysts are noted in anterior cruciate ligament; 0.4cm moderate grade partial thickness chondral defect of medial femoral condyle and mild chondromalacia patella. Patient is diagnosed with status post lumbar spine surgery; right knee medial meniscal tear and status post right knee surgery. Per medical notes dated 07/07/14, patient complains of lumbosacral and right knee pain. He reports occasional left lower extremity pain as well. Patient has been taking pain medication on regular bases. Examination revealed tenderness to palpation over the paravertebral area and sciatic notch. There is also muscle guarding noted with range of motion. Per medical notes dated 07/14/14, patient complains of right knee pain rated at 7/10. Provider is requesting acupuncture X4 for lumbar spine. It is unclear if the patient has had prior acupuncture treatment or if the request is for initial trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 Acupuncture sessions for the lumbar spine: 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". It is unclear if the patient has had prior acupuncture treatment or if the request is for initial trial. Patient's injury is over 23 years old and prior acupuncture treatment was not addressed in the provided medical records. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits (if any administered). Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Per review of evidence and guidelines, 4 acupuncture treatments for lumbar spine are not medically necessary.