

Case Number:	CM14-0137756		
Date Assigned:	09/05/2014	Date of Injury:	10/18/2005
Decision Date:	11/12/2014	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	08/26/2014

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 & 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 46 year old male who reported low back and bilateral knee pain from injury sustained on 10/18/05 due to fall. There were no diagnostic imaging reports. Patient is diagnosed with lumbosacral spondylosis without myelopathy, scoliosis, and status post bilateral total knee replacement. Patient has been treated with knee surgery, medication, physical therapy and acupuncture. Per acupuncture progress notes dated 06/10/14, patient returns for treatment of his low back and bilateral knees. His back pain is starting to feel better. Acupuncture treatments ease his pain for 3-4 days. His bilateral knee pain is rated at 1-2/10, knee are more achy than painful. Per acupuncture progress notes dated 06/24/14, patient complains of achy low back. Pain is rated at 8/10. Bilateral knees are doing well. He feels tightness more in the front of his knees. Per medical notes dated 07/16/14, patient completed a course of 6 acupuncture sessions; he has about 70% improvement of his global symptoms, unfortunately since the acupuncture was discontinued he started to get some return of symptoms. Provider requested additional 12 acupuncture sessions for low back which were modified to 6 by the utilization reviewer.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for the low back; 12 sessions: 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 had prior acupuncture treatment. Per medical notes dated 07/16/14, patient completed a course of 6 acupuncture sessions; he has about 70% improvement of his global symptoms, unfortunately since the acupuncture was discontinued he started to get some return of symptoms. Provider requested additional 12 acupuncture sessions for low back which were modified to 6 by the utilization reviewer. Patient reported symptomatic relief; however, there is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. 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. Additional visits may be rendered if the patient has documented objective functional improvement. Per MTUS guidelines, Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam or decrease in medication intake. Requested visits exceed the quantity supported by cited guidelines. Per review of evidence and guidelines, 12 Acupuncture treatments are not medically necessary.