

Case Number:	CM14-0023065		
Date Assigned:	05/14/2014	Date of Injury:	06/28/2011
Decision Date:	07/10/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	02/24/2014

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 licensed in Chiropractic 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 48 year old male who reported knee and low back pain from injury sustained on June 28, 11 due to a fall. MRI of the left knee revealed localized undersurface oblique tear in posterior horn of the medial meniscus, mild chondromalacia patella, tiny cartilage defect along the posterior aspect of the lateral tibial plateau and peripatellar bursitis. MRI of the lumbar spine revealed degenerative spondylosis at L5-S1 and multilevel disc protrusion. Patient is diagnosed with lumbar disc displacement without myelopathy; sciatica; lower leg joint pain and sacrum disorder. Patient has been treated with medication, physical therapy, arthroscopic surgery and acupuncture. Per acupuncture progress notes dated January 14, 2014 there has been no major improvement in his left knee discomfort. Per notes dated January 22, 2014, he presents with mild temporary decrease in pain with last visit; subjective and objective findings are unchanged. Per notes dated April 2, 2014, "we did have the patient undergo a trail of acupuncture treatment in late 2013, but the patient only noticed moderate benefit from this; he seemed to have some short-term benefit while the treatment was provided, but did not report any long term benefit". There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Patient hasn't had any long term symptomatic or functional relief with acupuncture care. 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.

IMR ISSUES, DECISIONS AND RATIONALES

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

**ACUPUNCTURE FOR THE NECK, LOWER LEG, SCIATICA, AND CHRONIC PAIN -
6 ADDITIONAL VISITS: Upheld**

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Acupuncture treatments may be extended if functional improvement is documented. Patient has had prior acupuncture treatment. There is lack of evidence that prior acupuncture care was of any functional benefit. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Additional visits may be rendered if the patient has documented objective functional improvement. 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 the California 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. The request is not medically necessary.