

Case Number:	CM14-0033766		
Date Assigned:	06/20/2014	Date of Injury:	08/01/2013
Decision Date:	07/18/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	03/18/2014

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 Accupuncture and Chiropractic 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 50 year old female who reported low back and knee pain from injury sustained on 08/01/13. Patient was lifting a child when she experienced a sharp pain in the low back and felt something pop in the right knee. MRI of the lumbar spine revealed multilevel degenerative disc disease with neuroforaminal stenosis and multilevel disc bulge. MRI of the right knee revealed radial tear of the lateral meniscus with secondary lateral advanced cartilage loss. Patient is diagnosed with thoracic spine sprain; lumbar spine sprain; lumbosacral neuritis; sprain of knee; chondromalacia patellae and lumbar spinal stenosis. Patient has been treated with medication, chiropractic and acupuncture. Per acupuncture notes dated 2/5/14, low back pain is 7/10; right knee pressure is 5-6/10. Per notes dated 2/14/14, Low back pain rated at 5/10, constant right knee pain rated at 6/10. Patient reports slight decrease in low back pain and increase in right knee pain. Limited range of motion and medication as needed. Per notes 5/27/14, patient complains of sharp, throbbing pain in her low back radiating to the right leg down to her knee with numbness. Pain is 9/10 with antalgic gait to the right with decreased range of motion. 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.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2x3 In-House (previous x 6): Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to MTUS 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. 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. 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. Per review of evidence and guidelines, Acupuncture 2x3, (2 Times a Week for 3 Weeks), for Thoracic and Lumbar Spine in House is not medically necessary.