

Case Number:	CM14-0045211		
Date Assigned:	07/02/2014	Date of Injury:	02/29/2012
Decision Date:	08/01/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	04/14/2014

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 70 year old male who reported low back, right knee and right hip pain from injury sustained on 02/28/12. He was trying to break up a fight when he was pushed back; he fell backwards and landed on his back. The patient is diagnosed with lumbar spine discopathy; aggravation of pre-existing lumbar spine condition; right hip sprain/ strain and right knee internal derangement. An MRI of the lumbar spine revealed multilevel disc protrusion. An MRI of the right knee revealed small tear in the medial meniscus and chondromalacia patella. The patient has been treated with medication, epidural injection, physical therapy, pool therapy, chiropractic and acupuncture. Per the medical notes dated 06/27/13, the patient continues to experience unrelenting low back pain, right hip and right knee pain despite acupuncture, pool therapy, and physical therapy treatment. Per medical notes dated 01/07/14, the patient complains of intermittent moderate low back pain with radiation to the bilateral legs aggravated with prolonged standing and walking. Per medical notes dated 03/11/14, the patient complains of constant moderate low back pain with radiation to both legs. The patient also suffers from intermittent moderate right knee pain which occasionally gives out. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. The patient hasn't had any long term symptomatic or functional relief with acupuncture care. The 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 1x4 Lumbar spine, right hip and right knee: 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. The optimum timeframe to produce function improvement is 3-6 treatments, 1-3 times per week for 1-2 months. Acupuncture treatments may be extended if functional improvement is documented. The patient has had prior acupuncture treatment. There is lack of evidence that prior acupuncture care was of any functional benefit. The 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. Per review of evidence and guidelines, 4 acupuncture treatments are not medically necessary.