

Case Number:	CM14-0067013		
Date Assigned:	07/11/2014	Date of Injury:	08/09/2012
Decision Date:	08/27/2014	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	05/12/2014

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 Board Certified 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 58 year old male who reported low back, neck, and lower extremity pain from injury sustained on 08/09/12 due to slip and fall. MRI of the lumbar spine revealed multilevel disc bulge, degenerative disc disease, multilevel disc desiccation, grade 1 degenerative retrolisthesis at L3 and L4. MRI of right knee revealed small baker's cyst and degenerative arthritic changes. MRI of the right ankle revealed 4.5mm focal chondral defect, old un-united fracture, and intertarsal and tibiotalar osteoarthritis. Patient is diagnosed with lumbosacral sprain/strain, right knee sprain/strain, and degenerative joint disease; right ankle/foot sprain/strain. Patient has been treated with medication, status post right knee surgery, physical therapy, epidural injection, and acupuncture. Per medical notes dated 12/06/13, patient complains of constant low back pain rated at 8/10 traveling to bilateral legs to ankles. Patient experiences occasional numbness/ tingling and weakness in right leg. Pain with medication is 3/10. Per acupuncture progress notes dated 01/14/14, patient states he is able to bend the knee a little more. Per acupuncture progress notes dated 03/11/14, patient states he is able to bend the knee more. Per medical notes dated 04/03/14, patient complains of constant low back pain with radiation to bilateral feet. 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.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 times a week for 4 weeks: 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 acupuncture progress notes dated 01/14/14, patient states he is able to bend the knee a little more. Per acupuncture progress notes dated 03/11/14, patient states he is able to bend the knee more. 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. 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 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, additional 8 acupuncture treatments are not medically necessary.