

Case Number:	CM14-0073594		
Date Assigned:	07/16/2014	Date of Injury:	02/17/2009
Decision Date:	09/08/2014	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	05/20/2014

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 and 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 54 year old female who reported neck, low back, and knee and shoulder pain from injury sustained on 02/17/09 due to cumulative trauma. X-rays of the lumbar spine revealed mild degenerative changes and minimal levoscoliosis of the lumbar spine. X-rays of the right knee revealed mild degenerative changes. X-rays of the left knee revealed mild degenerative changes. MRI of the left knee revealed small amount of joint effusion with mild degenerative changes of medial and lateral meniscus and chondromalacia patella. MRI of the thoracic spine revealed mild degenerative changes and small syrinx at T9-12. MRI of the lumbar spine revealed degenerative changes; posterior disc bulge and hypertrophy of left facet joint with left foraminal narrowing. EMG/NCS of the upper extremity revealed bilateral ulnar neuropathy. EMG/NCS of the lower extremity revealed radiculopathy of the lumbar spine. Patient is diagnosed with cervicgia, cervical radiculopathy, lumbago, lumbar radiculopathy, lumbar facet displacement, displacement of lumbar disc without myelopathy, bilateral knee pain; status post left knee arthroscopy (2010 and 2013), right knee medial meniscus tear and cubital tunnel syndrome. Patient has been treated with medication, therapy, surgery and acupuncture. Per medical notes dated 04/28/14, patient complains of neck, shoulder, low back and knee pain. Pain is rated at 6/10. Per medical notes dated 05/28/14, patient complains of continued pain in neck, shoulder, low back and knees. Patient states her pain continues to fluctuate. Per medical notes dated 06/23/14, patient complains of neck, shoulder, low back and knee pain. She reports that her pain is slightly improved with acupuncture. Medications were helpful in relieving her complains. Provider is requesting additional 12 acupuncture sessions for the lumbar spine. 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:

12 Additional acupuncture visits to the lumbar spine, twice a week for 6 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to the MTUS Acupuncture Medical treatment Guidelines, "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". In this case, the injured workert has had prior acupuncture treatment. Per medical notes dated 06/23/14, the injured worker reports that her pain is slightly improved with acupuncture. 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. 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, 12 acupuncture treatments are not medically necessary.