

Case Number:	CM14-0075787		
Date Assigned:	07/16/2014	Date of Injury:	05/05/2010
Decision Date:	09/16/2014	UR Denial Date:	04/17/2014
Priority:	Standard	Application Received:	05/23/2014

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 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 57-year-old male who reported neck, low back, and bilateral pain from injury sustained on 05/05/10. Mechanism of injury was not documented in the provided medical records. Per medical notes, MRI of the cervical spine revealed herniated nucleus pulposus at C5-6 with stenosis. Patient is diagnosed with status post right knee chondroplasty; status post re-exploration of lumbar spine surgery; status post intralaminar laminectomy at bilateral L3-4 and L4-5; right knee medial collateral ligament tear and medial meniscus tear; bilateral lower extremity varicose veins; bilateral Achilles tendonitis; bilateral heel spurs; bilateral shoulder sprain/strain; bilateral shoulder tendonitis and herniated nucleus pulposus at C5-6 with bilateral upper extremity radicular pain. Patient has been treated with medication, physical therapy, aquatic therapy, and acupuncture. Per medical notes dated 03/19/14, patient complains of constant neck pain rated at 5/10, with radiating to bilateral upper extremity down to the fingers, associated with numbness and tingling. He also complains of constant low back pain, rated 3/10 with associated occasional electrical shock sensation in bilateral lower extremity, left more than right. He states that his low back pain increases with prolonged sitting. Furthermore, he reports having constant bilateral knee pain rated at 5/10 with associated weakness. He reports his knee pain is worse since last visit. Examination of the left knee revealed pain with internal rotation. There is swelling noted on bilateral knee, left more than right. Provider is requesting additional 8-acupuncture treatment. 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 2 times a week for four weeks to lumbar and bilateral knees: 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 pages 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. 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 therefore, this request is not medically necessary.