

Case Number:	CM14-0078778		
Date Assigned:	07/18/2014	Date of Injury:	10/11/2012
Decision Date:	08/25/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	05/29/2014

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 Medicine 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 46-year-old who reported low back and bilateral knee pain from injury sustained on October 11, 2012 due to cumulative trauma. MRI (from April 29, 2014) of the lumbar spine revealed disc desiccation noted at L4-5. MRI (from April 29, 2014) of the right knee revealed degenerative arthritis, chronic tear of medial meniscus and small knee joint effusion. MRI of the left knee revealed myxoid degeneration in posterior horn of medial meniscus, radial tear of lateral meniscus, small subchondral cyst in medial tibial condyle and degenerative arthritis. Patient is diagnosed with lumbar sprain/strain with myospasm; bilateral knee sprain/strain. Patient has been treated with medication, therapy and acupuncture. Per medical notes dated April 3, 2014, patient complains of constant low back pain which is rated as moderate to occasionally severe. He states that the pain radiates to the hips. He reports stiffness. Pain is increased with any movement and decreased when resting. Patient also complains of bilateral knee pain that is constant and worsening. Pain is increased with walking and decreases when resting. Patient states that acupuncture helps decrease his pain temporarily; he is able to do more ADLs. Per medical notes dated May 21, 2014, patient complains of constant low back pain, which is moderate to occasionally severe. Patient complains of constant worsening pain which is rated as moderate to occasionally severe. Patient has had a total of 27 acupuncture visits per utilization review. 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. 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:

Twelve acupuncture sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Acupuncture treatments.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to the 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: three to six treatments. 2) Frequency: one to three times per week. 3) Optimum duration: one to two months. Acupuncture treatments may be extended if functional improvement is documented. Patient has had prior acupuncture treatment. Patient has had 27 acupuncture treatments per utilization review. Per medical notes dated April 3, 2014, patient states that acupuncture helps decrease his pain temporarily. 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. According to the Acupuncture Medical Treatment 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. According to the review of evidence and guidelines, twelve acupuncture sessions are not medically necessary or appropriate.