

Case Number:	CM14-0080268		
Date Assigned:	07/18/2014	Date of Injury:	09/30/2006
Decision Date:	08/25/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	05/30/2014

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 Chiropractics 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 female who reported low back and right knee pain from injury sustained on 09/20/06 due slip and fall. Magnetic resonance imaging (MRI) from 03/11/14 of the lumbar spine revealed L4-5 6mm posterior disc protrusion with central canal and lateral recess stenosis; L3-4 5mm posterior disc protrusion and L5-S1 disc degeneration. MRI of the right knee revealed tricompartmental osteoarthritis and evidence of partial meniscectomy. X-rays of right knee revealed tricompartmental osteoarthritis. Patient is diagnosed with Lumbar degenerative disc disease, right knee injury, and post-op chronic pain. Patient has been treated with medication, surgery, therapy and acupuncture. Per medical notes dated 04/05/14, patient reports continued pain in her right knee and low back. She states that the medications help control her pain temporarily and keep her pain under control 40-50%. Per medical notes dated 05/06/14, patient states she had to move her belongings from her apartment due to a water leak, which caused her flare-up of low back, right shoulder and right knee pain. Pain is rated at 8/10 and medication helps control her pain temporarily. Per medical notes dated 04/14/14, patient reports continued pain in her right knee and low back. Provider is requesting six acupuncture treatments for flare-up. 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 6 sessions: 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 utilization review. Number of visits administered in unknown. Previous acupuncture progress notes were not included in the medical records to be reviewed. Provider is requesting six acupuncture sessions for flare-up. 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, six acupuncture treatments are not medically necessary.