

<b>Case Number:</b>	CM14-0126757		
<b>Date Assigned:</b>	08/13/2014	<b>Date of Injury:</b>	03/27/2012
<b>Decision Date:</b>	01/30/2015	<b>UR Denial Date:</b>	08/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/11/2014

### 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 Chiropractor (DC), has a subspecialty in 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 56 year old female who reported bilateral knee and low back pain from injury sustained on 03/27/12 due to a slip and fall. MRI of the lumbar spine revealed multilevel lumbar disc disease. Patient is diagnosed with lumbar disc disease; bilateral lumbar radicular symptoms; bilateral knee pain; bilateral knee arthropathy; bilateral foot pain. Patient has had prior acupuncture treatment. Per medical notes dated 08/04/14, patient reports low back pain has eased with acupuncture treatment. She has completed visits with benefit but more sessions are necessary to maintain benefit. Provider requested additional 8 acupuncture for bilateral knees which were non-certified by the utilization review dated 08/07/14. Therefore, the Utilization Review decision was appealed for an Independent Medical Review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 visits of Acupuncture for the Bilateral Knees:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** The patient has had prior acupuncture treatment. Per medical notes dated 08/04/14, the patient reports low back pain has eased with acupuncture treatment. The provider

requested additional 8 acupuncture for bilateral knees which were non-certified by the utilization review dated 08/07/14. 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. Additionally, requested visits exceed the quantity supported by cited guidelines. Per review of evidence and guidelines, additional 8 acupuncture treatments are not medically necessary.