

Case Number:	CM14-0161563		
Date Assigned:	10/07/2014	Date of Injury:	07/25/2001
Decision Date:	05/15/2015	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	10/01/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 55 year old female who sustained an industrial injury on 7/25/01 from repetitive trauma resulting in low back pain with radiation to the right lower extremity. She currently complains of frequent pain and spasms in the low back with numbness; constant pain in the right knee. She also has neck pain radiating down bilateral upper extremities with numbness and tingling. She has difficulty with certain movements and activities of daily living are limited in regards to squatting, bending and kneeling. Medications are Norco and Soma. Diagnoses include bilateral carpal tunnel syndrome, status post right carpal tunnel release (7/2003), status post left carpal tunnel release (8/2003); bilateral overuse syndrome, upper extremities; trigger finger, left ring finger; lumbar spine musculoligamentous sprain; status post anterior fusion with hardware, L5-S1; lumbar radiculitis; status post lumbar disc replacement; right knee strain and contusion, probable tear of the medial and lateral meniscus; chondromalacia, right knee; status post right knee arthroscopy (5/7/09). Treatment to date includes medications. Diagnostics include x-ray of the right knee (no date); MRI of the lumbar spine (4/18/11). In the progress note dated 7/29/14 the treating provider's plan of care indicates that the injured worker is awaiting the start of acupuncture treatments for the lumbar spine twice per week for 3 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2x3: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.1. Acupuncture Medical Treatment Guidelines Page(s): 13.

Decision rationale: The patient was injured on 07/25/2001 and presents with low back pain and right knee pain. The request is for ACUPUNCTURE 2 x 3. There is no RFA provided and the patient is currently working with restrictions. The utilization review denial letter states that the patient has had 12 sessions of acupuncture prior to this request. For acupuncture, MTUS Guidelines page 13 recommends acupuncture for pain, suffering, and for restoration of function. Recommended frequency and duration is 3 to 6 treatments for trial, and with functional improvement, 1 to 2 per month. For additional treatment, MTUS Guidelines require functional improvement as defined by Labor Code 9792.20(e), A significant improvement in ADLs, or change in work status and reduced dependence on medical treatments. The patient has tenderness to palpation over the lumbar spine, a decreased lumbar spine range of motion, a positive straight leg raise with localized pain at 38 degrees bilaterally, tenderness to palpation over the right knee, and a positive crepitation test. It appears that the patient has already had 12 sessions of acupuncture: However, there is no documentation of how this acupuncture impacted the patient's pain and function. Given the absence of documentation of functional improvement as defined and required by MTUS Guidelines, additional sessions of acupuncture cannot be reasonably warranted as the medical necessity. The requested acupuncture 2 x 3 IS NOT medically necessary.