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| Case Number: | CM14-0190443 | | |
| Date Assigned: | 11/21/2014 | Date of Injury: | 06/16/2001 |
| Decision Date: | 01/09/2015 | UR Denial Date: | 10/28/2014 |
| Priority: | Standard | Application Received: | 11/14/2014 |

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 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:

Claimant is a 65 year old male who sustained a work related injury on 6/16/2001. Per a PR-2 dated 8/29/2014, the claimant complains of lower back pain that radiates to both his legs. He has problems bending his legs which causes extreme pain. Claimant has more difficulty with breathing and some leg swelling and more difficulty to control medical issues. Claimant uses walker. He has back pain with movement with bilateral straight leg raise test positive. Per a Pr-2 dated 9/24/2014, the claimant has mid/upper back, lower back, left shoulder arm, left elbow/forearm and bilateral knee pain. He complains of pain and numbness in the left pain. He indicates that activities of daily living have improved with acupuncture. He is to continue physical therapy and acupuncture. His primary diagnoses are thoracic/lumbar/left shoulder/left elbow/left wrist/ right knee sprain/strain, status post lumbar spine surgery/ lumbar spine hernia/left knee surgery, and rule out left shoulder internal derangement/right knee internal derangement. The claimant has had at least 140 acupuncture sessions with the last date of service submitted as 10/6/14. The note states that the claimant is improving, but also states that lumbar spine pain, spasms, tenderness and range of motion are all the same.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE LUMBAR, LEFT KNEE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to evidenced based guidelines, further acupuncture after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, and a reduction of dependency on continued medical treatments or medications. The claimant has had extensive acupuncture of at least 140 sessions. The last acupuncture note states that the claimant is the same. The provider states that the claimant has improved activities of living. However, the provider fails to document objective functional improvement associated with acupuncture treatment. Also with such extensive treatment, the claimant does not appear to have any diminishment of dependence on medical care. Therefore further acupuncture is not medically necessary.