

Case Number:	CM14-0202627		
Date Assigned:	12/15/2014	Date of Injury:	03/24/2014
Decision Date:	02/09/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/03/2014

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:

This is a female patient with an injury date of 03/24/2014 and affected body parts to include: back, hand and knees. A primary treating visit dated 08/15/2014 reported the patient with complaint of frequent lower back pain that radiates to legs bilaterally and associated with numbness and tingling sensations. The pain is noted to decrease with sitting down and almost lying down on a soft chair. She also is with complaint of frequent bilateral knee pain right worse than left. Physical examination found the thoracolumbar spine range of motion as follows: flexion 35 degrees, extension at 15 degrees, right flexion at 20 degrees and left flexion at 20 degrees. She is diagnoses with lumbar spine sprain/strain with radiculitis, bilateral knee sprain/strain, stress, anxiety and depression. A request for services was made asking for 12 sessions of acupuncture for the lumbar spine and right knee. The Utilization Review denied the request on 11/21/2014 as not meeting medical necessity requirements.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Sessions of acupuncture for the lumbar spine and right knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Per MTUS Acupuncture Medical treatment Guidelines pages 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. Provider requested additional 12 acupuncture visits for lumbar spine and right knee which were non-certified by the utilization review. Per medical notes dated 11/21/14, patient states therapy and acupuncture helps decrease her 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. 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. Furthermore, requested visits exceed the quantity supported by cited guidelines. Per review of evidence and guidelines, 12 acupuncture treatments are not medically necessary.