

<b>Case Number:</b>	CM14-0062911		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	01/16/2013
<b>Decision Date:</b>	02/12/2015	<b>UR Denial Date:</b>	04/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/05/2014

### 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 Board Certified in Physical Medicine Rehab 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 patient is a 55 year old male with date of injury 1/16/13, sustained when a stack of plywood sheets fell on him. The treating physician report dated 2/10/14 (90) indicates that the patient presents with pain affecting the low back and right knee. The patient complains the low back pain is accompanied with numbness, weakness, tingling and burning sensation. The patient's right knee pain is felt on the backside of the knee or under the kneecaps and is accompanied with swelling, popping, and clicking sensation. The physical examination findings reveal the patient has tenderness to palpation over the cervical spine level C6-C7. He also has positive O'Donoghe's with cervical extension and flexion as well as left and right cervical rotation. The upper thoracic spine region is tender on palpation. The range of motion of the lumbosacral spine is limited due to pain on flexion, extension, and right lateral flexion. The patient has tenderness to palpation in the medial aspect of the right knee, pain with passive flexion and extension of the right leg as well as positive circumduction of the right leg. He has noticeable antalgic gait secondary to his low back as well as right knee injury. Prior treatment history includes physical therapy , and prescribed medications of Tramadol, and Naproxen. The current diagnoses are: 1. Cervicalgia2. Pain in thoracic spine3. Enthesopathy of right kneeThe utilization review report dated 4/24/14 denied the request for Acupuncture 12 sessions ( 2X6) Right Knee, Cervical and Thoracic Spine based on a lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 12 sessions ( 2X6) Right Knee, Cervical and Thoracic Spine: 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 presents with pain affecting the low back and right knee. The current request is for Acupuncture 12 sessions ( 2X6) Right Knee, Cervical and Thoracic Spine. The treating physician report dated 2/10/14 (96) states "I am requesting authorization for a course of acupuncture care for cervical spine, lumbar spine, and right knee at a frequency of two times a week for the next six weeks to reduce pain, allow the patient to participate in functional restoration programs such as physical therapy and to reduce the need for NSAID and opiate medication use." The UR report dated 4/24/14 notes that the physicians request for 12 sessions was modified to allow for 3 sessions in peer review on 3/5/14. Review of the Acupuncture Medical Treatment Guidelines (AMTG) supports acupuncture for 3-6 treatments and treatments may be extended if functional improvement is documented. The guidelines go on to state "Frequency: 1 to 3 times per week, Optimum duration: 1 to 2 month." The patient has not had a previous trial of 3-6 visits in order to document functional improvement. In this case, a request for 3-6 treatments would be reasonable but the current request for 12 treatments exceeds the Acupuncture Medical Treatment Guidelines as outlined on page 4. The request is not medically necessary.