

Case Number:	CM15-0004616		
Date Assigned:	01/15/2015	Date of Injury:	04/26/2012
Decision Date:	03/17/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/09/2015

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: Chiropractor, Oriental Medicine

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 51 year old male, who sustained an industrial injury on April 26, 2012. He has reported a low back pain and a tear in the medial cartilage or meniscus of the knee. The diagnoses have included lumbago, displacement of lumbar intervertebral disc without myelopathy, lumbar radiculopathy and neuritis, spinal stenosis of the lumbar region and lumbar facet joint syndrome/hypertrophy and facet edema. Treatment to date has included pain medication, surgical repair of left quad tendon, lumbar injections and previous physical therapy. Currently, the injured worker complains of lumbosacral spine pain and bilateral knee pain. The injured worker reported limitations in the activities of daily living due to pain. Upon examination, there was pain on the spinous processes of L5 and S1 and L4-5 on the midline. A straight leg raise was negative and Patrick Fabere's was positive more on the left than right. The evaluating provider recommended chiropractic therapy. There was pain with range of motion on the right knee and the left knee. Muscle strength was 5/5. The previous physical therapy notes were not included for review. On December 23, 2014 Utilization Review non-certified a request for of four sessions of acupuncture to the lumbar spine and right knee, noting that the injured worker's objective functional response to previous therapy was not included in the submitted documentation. The California Medical Treatment Utilization Schedule was cited. On January 9, 2015, the injured worker submitted an application for IMR for review of four sessions of acupuncture to the lumbar spine and right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 1 x a week x 4 weeks, lumbar spine and right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints, Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: It is unclear if the patient has had prior Acupuncture treatment or if the request is for initial trial of care. Provider requested 4 acupuncture sessions for lumbar spine and right knee which were non-certified by the utilization review. Acupuncture is used as an option when pain medication is reduced or not tolerated. Acupuncture is used as an adjunct to physical rehabilitation which was not documented in the provided medical records. There is no documentation afforded for review that establishes a clear, updated clinical status of the patient with current objective findings, functional deficits and the benefits obtained with acupuncture already approved/rendered that would substantiate a medical indication for additional care. Per guidelines and review of evidence, 4 Acupuncture visits are not medically necessary.