

Case Number:	CM15-0131359		
Date Assigned:	07/22/2015	Date of Injury:	04/19/2012
Decision Date:	08/26/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/07/2015

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: Internal 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 54 year old female, who sustained an industrial injury on April 19, 2012. The injured worker has complaints of low back pain; tingling in the back of both legs constant; left shoulder pain is constant mild to moderate; left knee pain constant mild and elevates to moderate when weight bearing; pain on bottom of left foot; left ankle pain mild to moderate; neck pain constant moderate; left wrist with movement and at rest and right knee pain when weight bearing. The documentation noted that the injured worker has an antalgic gait and tenderness to palpation left shoulder and left lateral ankle. The diagnoses have included displacement of cervical intervertebral disc without myelopathy; cervical sprain and strain and thoracic or lumbosacral neuritis or radiculitis, unspecified. Treatment to date has included chiropractic treatment; left knee brace and cane. The request was for acupuncture two times a week for six weeks to low back, left shoulder, and left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2x6 low back, left shoulder, and left knee: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 8 and 9.

Decision rationale: The MTUS states that acupuncture is used either when pain medicine is not tolerated or being decreased and that it may be used as an adjunct to PT or to surgery to hasten functional recovery. It involves insertion and removal of needles to stimulate specific acupuncture points. It can be used to decrease pain, decrease inflammation, increase blood flow, increase ROM, decrease nausea from pain meds., and reduce muscle spasm. The MTUS also noted that acupuncture can be used with electrical stimulation and is done by applying an electrical current to the acupuncture site. It is used to increase effectiveness by continuous stimulation of the endpoint. Its physical effects can include release of endorphins, decrease in inflammation, increase in blood flow, and interruption of pain stimuli. The MTUS also notes that the time to produce functional improvement is 3-6 treatments and that the treatments should be given 1-3 times per week. It also states that the usual duration is 1-2 months but these limits may be exceeded if functional improvement is noted. The patient has chronic pain and has had various modalities of treatment but continues to suffer from his symptomatology. It would not be unreasonable at this point to attempt acupuncture in order to alleviate inflammation and pain. Therefore, the UR decision is reversed. The request is medically necessary.