

Case Number:	CM15-0160175		
Date Assigned:	08/26/2015	Date of Injury:	09/08/2008
Decision Date:	09/29/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	08/17/2015

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 60 year old female, who sustained an industrial injury on 9-8-08. She reported left knee pain. The injured worker was diagnosed as having lumbar spine stenosis, lumbar spine radiculopathy, multilevel lumbar disc protrusion, lumbar degenerative disc disease, L4-5 facet arthropathy, left knee chondromalacia, left knee degenerative joint disease, left knee pain, and depression. Treatment to date has included injections to the knee, use of a cane, acupuncture, and medication. Currently, the injured worker complains of back pain and left knee pain. The treating physician requested authorization for acupuncture x12. Per a PR-2 dated 4/27/15, the claimant has been without acupuncture for some time and her pain is increasing as a result. Per a PR-2 dated 2/11/2015, the claimant has had 26 acupuncture visits. Per a PR-2 dated 2/2/2015, acupuncture keeps her mobile, flexible, and decreases her overall level of pain. Per an acupuncture report dated 6/16/15, the claimant can walk longer and sleep better. She has slight improvement in headaches and lumbar spine range of motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture times 12: 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, or a reduction of dependency on continued medical treatments or medications. The claimant has had prior extensive acupuncture of unknown quantity and duration and had subjective benefits. However, the provider fails to document objective functional improvement associated with acupuncture treatment. Therefore further acupuncture is not medically necessary.