

Case Number:	CM15-0161639		
Date Assigned:	08/28/2015	Date of Injury:	08/22/2014
Decision Date:	09/30/2015	UR Denial Date:	07/21/2015
Priority:	Standard	Application Received:	08/18/2015

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 was a 55 year old male, who sustained an industrial injury, August 22, 2014. The injured worker previously received the following treatments lumbar spine MRI and acupuncture. The injured worker was diagnosed with sprain and or strain of the left ankle, fracture of the left ankle, lumbar disc displacement without myelopathy, left hip sprain and or strain and a tear of the medial meniscus of the left knee. According to progress note of June 25, 2015, the injured worker's chief complaint was lumbar spine, left hip, left knee and left ankle pain. The injured worker rated the pain 3 out of 10. The physical exam noted muscle spasms that were moderate to severe. There was decreased range of motion and activities of daily living. The treatment plan included acupuncture for the lumbar spine, left hip, left knee and left ankle.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 3 times a week for 2 weeks, lumbar, left hip, left knee and left ankle:
 Overturned

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The UR determination of July 21, 2015 denied the treatment request for 6 Acupuncture visits to be applied to the patient lumbar spine, left hip, left knee and left ankle citing CA MTUS Acupuncture Treatment Guidelines. The reviewed medical report outlined the patient functional deficits on examination and the patient failure to demonstrate functional gains with prior applied medical management and physical medicine procedures. Despite the reports lack of information regarding medication usage and whether the patient was not responding to or intolerant of continuing medication, CA MTUS Acupuncture Treatment Guidelines is reasonable for management of chronic pain with a trial of care, 6 sessions as requested. CA ACU Guidelines Title 8, California Code of Regulations, Section 9792.21 Medical Treatment Utilization Schedule (2) Acupuncture Medical Treatment Guidelines: Effective June 15, 2007 supersedes ACOEM except for shoulder: (2) "Acupuncture with electrical stimulation" is the use of electrical current (micro-amperage or milliamperage) on the needles at the acupuncture site. It is used to increase effectiveness of the needles by continuous stimulation of the acupoint. Physiological effects (depending on location and settings) can include endorphin release for pain relief, reduction of inflammation, increased blood circulation, analgesia through interruption of pain stimulus, and muscle relaxation. It is indicated to treat chronic pain conditions, radiating pain along a nerve pathway, muscle spasm, inflammation, scar tissue pain, and pain located in multiple sites. The medical necessity for initiation of a trial of care, 6 sessions is supported by reviewed medical records and the CA MTUS Acupuncture Treatment Guidelines and therefore is medically necessary.