

Case Number:	CM15-0165761		
Date Assigned:	09/03/2015	Date of Injury:	12/19/2014
Decision Date:	10/06/2015	UR Denial Date:	08/07/2015
Priority:	Standard	Application Received:	08/24/2015

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 35 year old female, who sustained an industrial injury on December 19, 2014. Treatment to date has included physical therapy, home exercise program, opioid medications, and work restrictions. Currently, the injured worker complains of low back pain with left knee pain. She reports that her medications reduce her pain by 50% and she is able to perform activities of daily living with her medications. She rates her pain a 7 on a 10-point scale. On physical examination the injured worker has an antalgic gait. Her motor strength and sensation in the bilateral lower extremities is intact and she reports tightness in the left knee with straight leg raise. She reports tenderness to palpation over the medial aspect of the left knee joint line. The diagnoses associated with the request include low back pain, left knee pain and facet arthropathy. Six visits were approved on 8/7/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Acupuncture therapy for 8 sessions to the low back and left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

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 acupuncture trial authorized. However, the provider fails to document objective functional improvement associated with the completion of the certified acupuncture trial. If this is a request for an initial trial, 8 visits exceeds the recommended guidelines for an initial trial. Therefore further acupuncture is not medically necessary.