

Case Number:	CM15-0166271		
Date Assigned:	09/03/2015	Date of Injury:	01/13/2010
Decision Date:	10/06/2015	UR Denial Date:	07/29/2015
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 24 year old male who sustained an injury on 1-13-10. The initial symptoms and complaints from the injury are not included in the medical records. The examination on 5-28-15 reports the IW is complaining of left knee pain and is rated as 7 out of 10 and the pain is constant. It is aching, dull, sharp, stabbing and throbbing. Bilateral lower back is rated 10 out of 10 and the pain is constant; reduced by lying down, medication and stretching while bending, lying down, lifting. Prolonged walking and daily activities of living aggravates the condition. Mid back is described as aching, dull; sharp, stabbing and throbbing and is rated as 9 out of 10. Mid back is rated as 9 out of 10 and the pain are constant. Upper back is rated as 8 out of 10, is constant, and is reduced by medication and stretching. The examination of the lumbar spine straight leg raise was positive on the left; localized low back pain and radiating pain during the test. Kemps was positive on the right; localized low back pain and radiating pain during the test. Diagnoses are lumbar disc bulge 11.3 L5-S1; tenosynovitis left knee; sacroilitis; thoracalgia; post traumatic anxiety and depression; probably post traumatic insomnia; probably gastritis from meds. Medications included Tramadol ER 150 mg for moderate to severe pain; Tizanidine 4 mg at night; Atarax 25 mg; Gabapentin 600 mg; Omeprazole 20 mg; Meloxicam 7.5 mg. Work status included return to work on 6-11-15 with light duties of no carrying over 15 pounds, no repetitive bending or stooping. On 7-7-15 the IW is complaining of left knee, bilateral lower back; mid back; upper back pain. The objective findings lumbar spine leg raise was positive on the left; radiating pain during the test. Knee tests were positive for medial joint line tenderness, positive for Apley's compression and torsion in the seated position. He is

reporting some modest improvement with prednisone taper that was provided at the last visit for his acute flare up of radicular low back pain and the plan for pain management was 6 visits of electro acupuncture once per week times 6 weeks. The IW reports as much as 40% improvement following acupuncture treatment with improvement in symptoms lasting 3-4 days. Current requested treatments 6 sessions of acupuncture to left knee and lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 sessions of acupuncture to left knee and lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The July 29, 2015 utilization review document denied the treatment request for six acupuncture visits to the patient's left knee and lumbar spine citing CA MTUS acupuncture treatment guidelines. The patient's prior medical history does reflect prior application of acupuncture management with no documentation as to the number of completed visits or documentation of functional improvement. The medical necessity for the requested six additional acupuncture visits to the left knee and lumbar spine is not supported by the reviewed medical records or supported by the prerequisites for consideration of additional treatment per CA MTUS acupuncture treatment guidelines.