

Case Number:	CM15-0168530		
Date Assigned:	09/09/2015	Date of Injury:	06/29/2012
Decision Date:	10/20/2015	UR Denial Date:	07/23/2015
Priority:	Standard	Application Received:	08/27/2015

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 44 year old male who sustained an industrial injury on 6-29-12. A review of the medical records indicates he is undergoing treatment for lumbar spine sprain and strain with radicular symptoms and left knee sprain and strain with Baker's cyst per MRI report - status post left knee arthroscopy. Medical records (1-14-15 to 6-3-15) indicate ongoing complaints of left knee and low back pain. However, he has also had periodic complaints of left shoulder pain. The back pain was noted to be "intermittent" with "stiffness" (3-4-15) and extending from the lower back to the upper back with "locking and burning sensation" (7-9-15). The primary treating provider indicates that the "pain primarily emanates from weakness and deconditioning". A self-directed exercise program and self-directed pool therapy program in a gym were recommended (7-9-15). The injured worker was receiving medications for his symptoms. These included Omeprazole, Flexeril, and Naproxen. Following the 3-4-15 examination, the treating provider requested authorization for acupuncture treatment twice per week for four weeks. The utilization review (7-23-15) indicates denial of the treatment, indicating that "there was no indication that the claimant was actively seeking physical rehabilitation or surgical intervention for the reported injuries".

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture, Lumbar spine, 2 times wkly for 4 wks, 8 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The Acupuncture Treatment Guidelines state that acupuncture may be extended with documentation of functional improvement. The patient complained of ongoing left knee and low back pain. According to the report dated 4/8/2015, the provider reported that the patient has tried acupuncture. However, there was no documentation of function improvement from prior acupuncture session. Therefore, the provider's request for 8 acupuncture session to the lumbar spine is not medically necessary at this time. Additional acupuncture session beyond the initial 6 sessions is warranted with documentation of functional improvement from prior sessions.