

Case Number:	CM15-0181374		
Date Assigned:	09/22/2015	Date of Injury:	01/27/2012
Decision Date:	10/29/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/15/2015

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, Montana

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:

This is a 66 year old female with a date of injury on 7-27-12. A review of the medical records indicates that the injured worker is undergoing treatment for left and right knee, low back, right shoulder, right ankle and neck. Treatments include: medication, physical therapy, right shoulder surgery, back surgery, epidural injections, synvisc injections and chiropractic care. MRI performed on 2-9-15 show a grade 1 spondylolisthesis at L4-L5 and some associated Modic changes with Modic changes at L3-L4 also. Primary treating physician's report dated 7-30-15 reports left knee pain rated 8 out of 10, right knee pain rated 7 out of 10, low back pain with lower extremity symptoms rated 9 out of 10, right ankle pain rated 5 out of 10, and cervical pain rated 7 out of 10. Medications help to reduce the pain. Objective findings regarding lumbar spine: tenderness and spasm with decreased range of motion and diminished sensation right greater than left L5 and S1 dermatomal distributions. Request acupuncture lumbar spine and bilateral knee at 2 times per week for 6 weeks to decrease inflammation and pain and facilitate decrease in medication use. Request for authorization was dated 8-17-15. The original utilization review dated 8-24-15 with denial.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2x a week for 6 weeks (qty: 12) for the lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: Patient has had prior acupuncture treatment. Provider requested additional 12 acupuncture sessions for lumbar spine which were non-certified by the utilization review. Requested visits exceed the quantity supported by cited guidelines. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Per MTUS guidelines, Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam or decrease in medication intake. Per review of evidence and guidelines, 12 acupuncture treatments are not medically necessary.