

Case Number:	CM15-0205904		
Date Assigned:	10/22/2015	Date of Injury:	09/23/2014
Decision Date:	12/09/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/20/2015

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:

The injured worker is a 23 year old, male who sustained a work related injury on 9-23-14. A review of the medical records shows he is being treated for low back and bilateral knee pain. In the progress notes dated 6-16-15 and 7-31-15, the injured worker reports burning, radicular low back pain and muscle spasms. He describes the pain as constant, aching, sore and tightness. He rates this pain a 6-8 out of 10. He has associated with numbness and tingling in both legs. He reports burning bilateral knee pain and muscle spasms. He describes the pain as frequent, aching and sore. He rates this pain a 3-6 out of 10. He reports numbness, tingling and pain radiating to feet. On physical exam dated 7-31-15, he has decreased lumbar range of motion. He has difficulty with heel and toe walking. He has moderate lumbar paraspinous tenderness at levels T12-L1 through L5-S1. He has decreased flexion range of motion in knee. Treatments have included medications, topical creams, physical therapy, rest and activity modifications. He is temporarily totally disabled. The treatment plan includes a course of acupuncture treatment for the back and knee. The Request for Authorization dated 7-21-15 has request for acupuncture treatments. In the Utilization Review dated 10-2-15, the requested treatment of 18 acupuncture sessions for the lumbar spine and bilateral knees is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 18 sessions for the lumbar spine and bilateral knees: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, and Knee Complaints 2004, and Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: Provider requested initial trial of 18 acupuncture sessions which were non-certified by the utilization review. Per guidelines 3-6 treatments are supported for initial course of Acupuncture with evidence of functional improvement prior to consideration of additional care. Requested visits exceed the quantity of initial acupuncture visits supported by the cited guidelines. Additional visits may be rendered if the patient has documented objective functional improvement. MTUS- Definition 9792.20 (f) 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. Per guidelines and review of evidence, 18 Acupuncture visits are not medically necessary.