MAXIMUS Federal Services

| Case Number: | CM15-0208200 | | |
|---|---|---|---|
| Date Assigned: | 10/27/2015 | Date of Injury: | 05/23/2012 |
| Decision Date: | 12/08/2015 | UR Denial Date: | 10/01/2015 |
| Priority: | Standard | Application Received: | 10/22/2015 |

## 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: 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 50-year-old male with a date of industrial injury 5-23-2012. The medical records indicated the injured worker (IW) was treated for status post left knee medial meniscus repair with partial lateral meniscectomy (2011); status post left knee arthroscopy (2012, 2015); and lumbar spine sprain-strain with persistent low back pain. In the progress notes (8-18-15, 9-17- 15), the IW reported left pain and pain in the cervical, thoracic and lumbar spine. Physical therapy for the left knee aggravated his low back pain. He rated his pain 5 to 6 out of 10 with medications and 9 out of 10 without them. On examination (7-16-15, 8-18-15 and 9-17-15 notes), there was bilateral cervical paraspinous tenderness with 1+ muscle spasms from C4 to T1 and bilateral lumbar paraspinal tenderness with 1 to 2+ muscle spasms. There was pain with lumbar extension and rotation. Straight leg raise was negative bilaterally. Muscle testing, sensation and reflex testing of the bilateral lower extremities were within normal limits. Exam of the right knee revealed medial and lateral joint line tenderness; the left knee was tender over the inferior and lateral joint lines. Treatments included multiple surgeries; physical therapy for the left knee (at least 17 sessions), with continued symptoms; Synvisc injection, without benefit; and TENS unit, twice daily, with continued back pain. The most recent left knee surgery was 4-24-15. Medications were Tramadol ER, Norco, Topiramate, Naproxen and Omeprazole. The IW was retired. A trial of acupuncture was recommended to determine if it would improve the IW's pain and function. A Request for Authorization was received for a trial of acupuncture, twice weekly for six weeks, for the low back and left knee. The Utilization Review on 10-1-15 modified the request for a trial of acupuncture, twice weekly for six weeks, for the low back and left knee.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Trial of acupuncture, 2 times a week for 6 weeks, for 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:** In reviewing the records available, it does not appear that the patient has yet undergone an acupuncture trial. Given the patient continued symptomatic despite previous care (chiropractic, physical therapy, oral medication, work modifications and self care) an acupuncture trial for pain management and function improvement would have been reasonable and supported by the MTUS (guidelines). The guidelines note that the amount to produce functional improvement is 3-6 treatments. The same guidelines could support additional care based on the functional improvement(s) obtained with the trial. As the provider requested initially 12 sessions, which is significantly more than the number recommended by the guidelines without documenting any extraordinary circumstances, the request is seen as excessive, therefore not supported for medical necessity.