

Case Number:	CM15-0210517		
Date Assigned:	10/29/2015	Date of Injury:	01/01/2004
Decision Date:	12/10/2015	UR Denial Date:	10/16/2015
Priority:	Standard	Application Received:	10/26/2015

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 injured worker is a 53 year old female who reported an industrial injury on 1-1-2004. Her diagnoses, and or impressions, were noted to include: pain in shoulder joint; pain in lower leg joint; psychogenic pain; neck pain; chronic sub-acute lumbar inter-vertebral disc syndrome with radiculopathy; lumbar disc displacement without myelopathy; and long-term use of medications. No current imaging studies of the right knee, and no imaging studies of the lumbar spine, were noted; and electrodiagnostic studies of the upper and lower extremities were said to have been done in 2006). Her treatments were noted to include: MRI of the right knee (2005, 2006, 2007 & 2008); right knee arthroscopy on 11-12-2004 & 7-12-2005; chiropractic and physical therapy - ineffective; an initial trial of 6 acupuncture treatments; Cortisone and Synvisc injection injections to the right knee - ineffective; medication management with toxicology studies (8-5-15); and modified work duties for the cervical and lumbar spine, right knee, and left shoulder. The progress notes of 8-26-2015 reported: that she tolerated her previous acupuncture treatment, on 8-18-15, very well, noting a significant change in her pain; chronic low back and right knee pain that went across her lower back and into the buttocks and bilateral hips which caused difficulty with prolonged sitting-standing; and that she was working full time and wished to optimize non- medication treatment strategies. The objective findings were noted to include: overweight for her height; tenderness over the lower lumbar para-spinal muscles from the bilateral lumbar 4 - sacral 1; tenderness over both buttocks and bilateral piriformis and greater bilateral trochanters; and an unassisted, slightly antalgic gait. The physician's requests for treatment were noted to include weekly acupuncture with weekly monitoring of progress of function and palliative benefits for possible additional acupuncture visits, #3. No Request for

Authorization was noted for 3 acupuncture sessions, 1 x a week x 3 weeks, for the right knee and lumbar spine. The Utilization Review of 10-15-2015 non-certified the request for 3 acupuncture sessions, 1 x a week x 3 weeks, for the right knee and lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture right knee, lumbar 6 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The guidelines note that the amount of acupuncture to produce functional improvement is 3 to 6 treatments. The same guidelines read extension of acupuncture care could be supported for medical necessity "if functional improvement is documented as either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment." Six prior acupuncture sessions were rendered in the past without documentation of any significant, objective functional improvement (medication intake reduction, work restrictions reduction, activities of daily living improvement) obtained with prior acupuncture provided to support the appropriateness of the additional acupuncture requested. Therefore, the additional acupuncture is not medically necessary.