

Case Number:	CM15-0031599		
Date Assigned:	02/25/2015	Date of Injury:	06/20/2014
Decision Date:	04/07/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	02/19/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 55 year old male who sustained an industrial injury on 6/20/14 when he twisted his back while pushing a heavy door and developed immediate low back pain with radiating symptoms at a later date. He currently complains of low back and left knee pain. He currently uses insulin and metformin. His activities of daily living are somewhat limited if they involve prolonged standing, walking, kneeling and squatting. Diagnoses are lumbar radiculopathy; internal derangement of the knee; lumbar sprain/ strain; herniated nucleus propulses of the lumbar spine. Treatments to date include physical therapy and medications. Diagnostics included MRI left knee, MRI lumbar spine. In the progress note dated 1/13/15 the treating provider requested acupuncture to improve the inflammation and pain in his left knee and low back. On 1/22/15 Utilization review non-certified the request for acupuncture 2 times per week for 3 weeks with massage to the low back and bilateral lower extremities, left knee citing MTUS: Chronic Pain medical treatment Guidelines- Acupuncture Medical treatment Guidelines and MTUS: Chronic pain Medical treatment Guidelines-Massage Therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 x 3 weeks with message to the low back and bilateral lower extremities, left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Acupuncture.

Decision rationale: Pursuant to the Acupuncture Medical Treatment Guidelines and the Official Disability Guidelines, acupuncture lumbar, acupuncture two times per week times three weeks with massage to the low back, bilateral lower extremity and left knee is not medically necessary. Acupuncture is not recommended for acute low back pain. Acupuncture is recommended as an option for chronic low back pain using a short course of treatment in conjunction with other interventions. The Official Disability Acupuncture guidelines provide for an initial trial of 3 - 4 visits over two weeks. With evidence of objective functional improvement, a total of up to 8 to 12 visits over 4 to 6 weeks may be indicated. The evidence is inconclusive for repeating this procedure beyond an initial short period. In this case, the injured worker's working diagnoses are lumbar radiculopathy; and internal derangement of knee not otherwise specified. The documentation indicates acupuncture was requested August 18, 2014 at two sessions per week times four weeks. There is no indication or documentation containing prior acupuncture and an objective functional benefit. On January 13, 2015, the treating physician requested a course of acupuncture. There was no discussion of prior acupuncture documented in the progress note. The guidelines state "evidence is inconclusive for repeating acupuncture beyond an initial short course of treatment." Additionally, acupuncture of the knee is recommended for osteoarthritis. The injured worker does not have osteoarthritis of the knee. There are no additional clinical indications referencing acupuncture to the knee. Lastly, the treating physician requested acupuncture with massage in the request. Both services are uniquely different and it is unclear which guideline to use in the analysis. Consequently, absent clinical documentation of prior acupuncture from August 18, 2014 in contravention of acupuncture guidelines to the knee (osteoarthritis) with an imprecise request (acupuncture versus massage) in the request for authorization, acupuncture two times per week times three weeks with massage to the low back, bilateral lower extremity and left knee is not medically necessary.