

Case Number:	CM15-0035209		
Date Assigned:	03/03/2015	Date of Injury:	02/28/2014
Decision Date:	04/08/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	02/24/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 an industrial injury on 2/28/14. On 2/24/15, the injured worker submitted an application for IMR for review of Acupuncture two times a week times six weeks for the lumbar and knees. The treating provider has reported the injured worker complained of continued low back pain and left knee pain. Pain in low back is associated with radiation to the right leg and foot pain and weakness. The diagnoses have included lumbar strain/sprain; discogenic low back pain; lumbar spine musculoligamentous injury without discopathy; left knee sprain; left knee patellar tendinitis; left knee quadriceps atrophy. Treatment to date has included physical therapy (x12); chiropractic care (x6); MRI lumbar spine (7/14/14). On 2/10/15, Utilization Review MODIFIED Acupuncture two times a week times six weeks for the lumbar and knees to 1 visit per week for a period of 6 weeks; not to exceed 6 visits total. The MTUS Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture two times a week times six weeks for the lumbar and knees: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to the guidelines, "Acupuncture" is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The time to see functional improvement is 3-6 sessions. In this case, the claimant had completed 6 sessions by 11/2014 with noted improvement. The claimant was also undergoing several sessions of physical therapy. The acupuncture is considered an option and 12 more sessions are not considered medically necessary.