

<b>Case Number:</b>	CM15-0042642		
<b>Date Assigned:</b>	03/12/2015	<b>Date of Injury:</b>	10/18/2005
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/06/2015

### 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: 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 47 year old male, who sustained a cumulative industrial injury from November 18, 2004 through November 18, 2005. He reported low back pain and knee pain. The injured worker was diagnosed as having lumbar scoliosis, degenerative type and status post bilateral total knee replacements. Treatment to date has included radiographic imaging, diagnostic studies, surgical interventions of the bilateral knees, acupuncture, medications and work restrictions. Currently, the injured worker complains of low back pain and knee pain. The injured worker reported an industrial injury from 2004 through 2005, resulting in the above noted pain. He was treated conservatively and surgically without complete resolution of the pain. Evaluation on August 28, 2014, revealed continued pain. He reported worse pain in cold weather and increasing symptoms since the course of acupuncture was completed. Evaluation on November 19, 2014, revealed continued pain. Additional acupuncture for the lumbar spine was recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture for the lumbar spine, twice weekly for four weeks:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** Provider requested additional 2X4 acupuncture sessions which were non-certified by the utilization review. Patient reported 70% global improvement. Requested visits exceed the quantity supported by cited guidelines. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Additional visits may be rendered if the patient has documented objective functional improvement. Per MTUS guidelines, 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 or decrease in medication intake. Per review of evidence and guidelines, 2x4 acupuncture treatments are not medically necessary.