

Case Number:	CM15-0047627		
Date Assigned:	03/19/2015	Date of Injury:	09/23/2001
Decision Date:	04/24/2015	UR Denial Date:	02/16/2015
Priority:	Standard	Application Received:	03/12/2015

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: New Jersey, New York

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 52 year old female, who sustained a work/ industrial injury on 9/23/01. She has reported initial symptoms of back and knee pain. The injured worker was diagnosed as internal derangement of the left knee with anterior instability, s/p left knee surgery to repair anterior cruciate ligament (2002), chronic lumbar spine with associated degenerative disc disease/radiculopathy, acute sciatica left leg. Treatments to date included medication, facet injection, and surgery (left knee arthroscopic surgery 2002, left knee surgery 2002, left ankle ligament surgery 2011, 2010). Currently, the injured worker complains of very painful lumbar spine pain. The treating physician's report (PR-2) from 1/20/15 indicated painful lumbar spine with decreased range of motion. The PR-2 from 1/5/15 noted knee and low back pain with benefit from the facet injection, antalgic gait, lumbar extension a 0 degrees, flexion at 30 degrees, left lateral bend at 5 degrees, right lateral bend at 10 degrees, straight leg raise is positive, spasm and guarding is noted, motor strength at 5/5. Medications included Topiramate-topamax, Prilosec, Lidoderm patch, Orphenadrine-norflex Er, Kadian Er, and Quetiapine Femarate-seroquel. Treatment plan included acupuncture X8 Visits left knee, lumbar areas.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture X8 Visits Left Knee, Lumbar: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The request for acupuncture is medically unnecessary. By MTUS guidelines, the recommended number of sessions is 3-6 before assessing functional improvement. There has to be documented functional improvement to request more sessions. There is no reasoning documented for requesting 8 sessions and there was also no documentation of reduced medication use besides after having the facet injection. Because of these reasons, the request is not medically necessary.