MAXIMUS Federal Services

Case Number:	CM15-0056664		
Date Assigned:	04/01/2015	Date of Injury:	06/04/2007
Decision Date:	05/12/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	03/25/2015

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 53 year old male, who sustained an industrial injury on 6/04/2007. He reported injuring the left knee while stepping off a ladder subsequently undergoing four surgeries to the left knee. There was also documentation that indicated a left shoulder and back injury. Diagnoses include lumbar disc degeneration, knee sprain, shoulder sprain and osteoarthritis. Treatments to date include medication therapy, physical therapy, and epidural steroid injections. Currently, he had multiple complaints including low back, bilateral knee and left shoulder pain associated with radiation into left hand. On 3/5/15, the physical examination documented decreased lumbar range of motion and positive facet loading tests. The plan of care included acupuncture treatments. Six acupuncture visits were authorized on 3/18/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 times a week for 4 weeks for lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to evidenced based guidelines, further acupuncture after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. The claimant has had prior acupuncture trial authorized. However, the provider fails to document objective functional improvement associated with the completion of the certified acupuncture trial. If this is a request for an initial trial, 8 visits exceeds the recommended guidelines for an initial trial, thus making this requested treatment not medically necessary.