

Case Number:	CM15-0058726		
Date Assigned:	04/03/2015	Date of Injury:	03/25/2010
Decision Date:	05/04/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	03/27/2015

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: Physical Medicine & Rehabilitation

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 female, who sustained an industrial injury on 3/25/2010. The current diagnoses are cervical spine strain with radicular complaints, lumbar spine strain with radicular complaints, and right knee strain with patellofemoral arthralgia. According to the progress report dated 2/25/2015, the injured worker complains of neck, low back, and right knee pain. She describes her neck pain as intermittent, moderate pain with radiation to bilateral arms. Her low back pain is described as intermittent, moderate pain associated with numbness and tingling in her bilateral legs to the level of her ankle. Her right knee pain is described as intermittent, moderate pain. The current medications are Morphine, Meloxicam, Prosom, Xanax, Buspar, Hydrochlorothiazide, and Lisinopril. Treatment to date has included medication management, X-rays, MRI's, pain injection, ice, rest, physical therapy, and personal trainer. The plan of care includes 8 acupuncture sessions to the neck, low back, and right knee, x-ray of the right knee, and pain management consultation for the neck, low back, and right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for the neck, low back and right knee, twice a week 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: MTUS, Acupuncture Guidelines recommend initial trial of conjunctive acupuncture visit of 3 to 6 treatment with further consideration upon evidence of objective functional improvement. It is unclear how many acupuncture sessions the patient has received for this chronic injury nor what functional benefit if any were derived from treatment. Submitted reports have not demonstrated functional improvement or medical indication to support for additional acupuncture sessions. There are no specific objective changes in clinical findings, no report of acute flare-up or new injuries, nor is there any decrease in medication usage from conservative treatments already rendered for this chronic March 2010 injury. The Acupuncture for the neck, low back and right knee, twice a week for four weeks is not medically necessary and appropriate.