

Case Number:	CM15-0059782		
Date Assigned:	04/06/2015	Date of Injury:	02/28/2014
Decision Date:	05/11/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	03/30/2015

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 male, who sustained an industrial injury on 4/1/13. The injured worker was diagnosed as having lumbar spine strain/sprain, discogenic low back pain, lumbar spine musculoligamentous injury, left knee sprain, left knee patellar tendinitis and left knee quadriceps atrophy. Treatment to date has included acupuncture, physical therapy, chiropractic treatment and oral medications. Currently, the injured worker complains of low back pain with radiation to right leg and foot. The injured worker states medications are helping back pain. Upon physical exam, decreased range of motion of lumbar spine is noted with tenderness to palpation of lumbar spine. The treatment plan consisted of additional 12 visits for chiropractic treatment and additional 12 visits of acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 x a week for 6 weeks for the lumbar spine, bilateral knees: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Acupuncture Medical Treatment guideline states that acupuncture may be extended with documentation of functional improvement. The patient complained of low back and knee pain. According to the report dated 11/21/2014, the acupuncture provider noted that after 6 acupuncture sessions there were slight improvement in activities of daily living, improved stress level, and slight improvement in the range of motion. However, there was no objective quantifiable documentation regarding functional improvement to warrant additional acupuncture session. Therefore, the provider's request for 12 acupuncture session to the lumbar spine and bilateral knees are not medically necessary at this time.