

<b>Case Number:</b>	CM14-0111373		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	09/15/1999
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	06/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/16/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 60 year-old patient sustained an injury on 9/15/1999 while employed by [REDACTED]. Request under consideration include Acupuncture for the Lumbar Spine 2x4 and Orthopedic Re-evaluation within 6 weeks. Diagnoses include cervical discopathy; L5-S1 degenerative disc disease and bulging; s/p bilateral CTR and right trigger finger release; left knee osteoarthritis and internal derangement; s/p left knee arthroscopy; right knee pain; chronic pain syndrome; obesity s/p lap band 5/19/10. Report of 5/19/14 noted ongoing cervical and lumbar spine pain; low back pain rated at 7/10; neck pain rated at 6/10; bilateral knee and leg pain rated at 8.5/10 and bilateral hand pain 7.5/10. Medications list Temazepam, App Trim, Norco, Gabapentin, Condrolite, Nuvigil, and multiple topical compounds. Exam showed ambulates with cane, poor gait; cervical and lumbar spine with tenderness, limited range in all planes, positive compression sign; however, with normal Spurling's; positive patellar grind maneuver; positive varus-valgus stress. Orthopedic report of 3/7/14 noted the patient is not attending therapy and is not working. Medications were refilled and patient remained TTD. The request for Acupuncture for the Lumbar Spine 2x4 and Orthopedic Re-evaluation within 6 weeks were not medically necessary on 6/18/14 citing guidelines criteria and lack of medical necessity.

### 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 2x4:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ACUPUNCTURE MEDICAL TREATMENT GUIDELINES Page(s): 8-9.

**Decision rationale:** The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, Acupuncture Medical Treatment Guidelines, pages 8-9. The Expert Reviewer's decision rationale: The request for Acupuncture for the Lumbar Spine 2x4 and Orthopedic Re-evaluation within 6 weeks were not medically necessary on 6/18/14. 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 1999 injury nor what functional benefit if any were derived from treatment. Submitted reports have not demonstrated functional improvement or medical indication to support for acupuncture sessions nor is the patient actively participating in therapy with functional restoration approach. 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. The Acupuncture for the Lumbar Spine 2x4 is not medically necessary and appropriate.

**Orthopedic Re-evaluation within 6 weeks:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ACOEM), 2nd Edition, (2004) Chapter 7- Independent Medical Examinations and Consultations, page 127.

**Decision rationale:** The Expert Reviewer based his/her decision on the Non-MTUS (ACOEM), 2nd Edition, (2004) Chapter 7- Independent Medical Examinations and Consultations, page 127. The Expert Reviewer's decision rationale: MTUS Guidelines state "office visits and follow-ups are determined to be medically necessary and play a critical role in the proper diagnosis and treatment based on the patient's concerns, signs and symptoms, clinical stability along with monitoring of medications including opiates. Determination of necessity requires individualized case review and assessment with focus on return to function of the injured worker." Submitted reports have not adequately demonstrated any changed symptoms or findings requiring surgical intervention. There is no report of new injuries, acute flare-ups, or red-flag conditions as the patient continues treating with pain management provider for chronic ongoing symptoms. The Orthopedic Re-evaluation within 6 weeks is medically necessary and appropriate.