

Case Number:	CM14-0123615		
Date Assigned:	08/08/2014	Date of Injury:	09/09/1997
Decision Date:	10/16/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/05/2014

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 licensed in Chiropractic and Acupuncture, 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:

Claimant is a 64 year old male who sustained a work related injury on 9/9/1997. Prior treatment includes LESI, oral medication, home exercise program, and acupuncture. Per a PR-2 dated 7/18/2014, the claimant complains of low back pain and left knee pain. The pain is aggravated with prolonged sitting, standing, bending, and lifting and alleviated by lying down and use of medications. His diagnoses are low back pain, lumbar degenerative disc disease, lumbar spondylosis, severe spinal stenosis at L5-S1 level, bilateral foraminal stenosis at L4-L5 and L5-S1 levels on MRI, left knee pain, and history of left knee partial replacement. He is working with restrictions. According to a prior UR review, the claimant has completed 16 sessions of acupuncture in 2009.

IMR ISSUES, DECISIONS AND RATIONALES

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

Accupuncture 1x6= 6 visits: 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 without any documentation of functional improvement associated with acupuncture treatment. Furthermore, there is no evidence of flare-up or any other justification for acupuncture such as surgery since the last set of acupuncture. Therefore further acupuncture is not medically necessary.