

<b>Case Number:</b>	CM14-0128531		
<b>Date Assigned:</b>	08/15/2014	<b>Date of Injury:</b>	09/16/2012
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	07/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/12/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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:

The patient is a 47 year old female who was injured on 9/16/2012. The diagnoses are left knee and low back pain. The past surgery history is significant for arthroscopic meniscectomy of the left knee. On 7/23/2014, [REDACTED] / [REDACTED] noted objective findings of tenderness of the lumbar spine and decreased sensation of S1 dermatome. The patient had previously reported significant pain relief and increased ADL after past PT and acupuncture treatments. A Utilization Review determination was rendered on 7/31/2014 recommending non-certification for Acupuncture 8 sessions left knee, Acupuncture 8 session's lumbar spine, tramadol 50mg #60 and Synvisc injection left knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50mg #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs and PT. Opioids Page(s): 74-96, 111, 119..

**Decision rationale:** The CA MTUS recommend that opioids can be utilized for the treatment of acute exacerbations of chronic musculoskeletal pain that did not respond to standard treatment

with NSAIDs and PT. Opioids can also be used for maintenance treatment when the patient have exhausted PT, surgery and non-opioid medications options. The records indicated that the patient have completed PT, epidural injections and left knee surgery. The criteria for the use of tramadol 50mg #60.

**Synvisc One injection for the left knee: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg - Hyaluronic acid injections

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter. Knee and Leg guidelines. Hyaluronic acid injections.

**Decision rationale:** The CA MTUS did not address the use of hyaluronic acid injections for the treatment of knee arthritis. The ODG guidelines recommend that hyaluronic acid injections can be utilized in the treatment of severe knee osteoarthritis when steroid injections had provided only short term relief. The record did not show that the patient had severe osteoarthritis of the left knee. The patient had sustained a tear of the left meniscus. There was no documentation of prior unsuccessful steroid injections. The criteria for Synvisc One injection of the left knee were not met.

**Acupuncture 8 sessions for the left knee: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

**Decision rationale:** The MTUS and the ODG guidelines recommend that acupuncture treatments can be repeated if there is documented report of significant pain relief and improvement in function following previous acupuncture treatments. The records indicate that the patient reported significant pain relief and increased ADL after previous treatments. The patient reported that the acupuncture treatments was more effective that the PT and medications treatments. The criteria for Acupuncture treatments 8 sessions left knee was met.

**Acupuncture 8 sessions for the lumbar spine: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

**Decision rationale:** The MTUS and the ODG guidelines recommend that acupuncture treatments can be repeated if there is documented report of significant pain relief and improvement in function following previous acupuncture treatments. The records indicate that the patient reported significant pain relief and increased ADL after previous treatments. The patient reported that the acupuncture treatments was more effective that the PT and medications treatments. The criteria for Acupuncture treatments 8 sessions to lumbar spine were met.