

<b>Case Number:</b>	CM14-0142791		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	01/07/1999
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	08/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2014

### 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, has a subspecialty in Interventional Spine 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:

The patient is a 48-year-old male with a date of injury of 01/07/1999. The listed diagnoses per [REDACTED] are: 1. Syndrome post-laminectomy, status post L5 S1 fusion, 2002. 2. Pain in joint, lower leg, right knee. 3. Long-term use medications. 4. Therapeutic drug monitor. According to the progress report dated 08/15/2014, the patient presents with chronic knee and low back pain. He reports persistent pain that is increased with activity such as prolonged walking, standing, or sitting. The patient reports medications continue to help reduce some pain and allow for better function. Examination of the lumbar spine revealed tenderness to palpation along the spinous processes and decreased range of motion on all planes. Sensations were decreased to light touch along the right calf compared to the left lower extremity. Motor strength is decreased with right leg extension and right foot dorsiflexion compared to the left lower extremity. Examination of the right knee revealed tenderness to palpation in the bilateral joint spaces. There is mild pain to compression of the patella. There is no instability or tenderness over the ligaments. There is pain with extension of the knee but full range of motion on exam. The treating physician is requesting 12 sessions of acupuncture and MRI of the right knee. Utilization review denied the request on 08/28/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the right knee without contrast:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341,342. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), knee, MRI

**Decision rationale:** This patient presents with chronic low back and right knee pain. The treating physician is requesting a right knee MRI, as the patient continues to be symptomatic. Utilization review denied the request stating "the patient has ongoing knee pain over the last past several months. However, there is no indication that x-rays have been done." ACOEM Guidelines states, "Special studies are needed to evaluate most complaints until after a period of conservative care and observation. For patients with significant hemartrosis and a history of acute trauma, radiograph is indicated to evaluate for fracture." Review of the medical file indicates the patient has not had an MRI of the right knee. In this case, examination only revealed tenderness and mild pain on compression; all other examination findings were negative. The treating physician does not provide any discussion as to why MRI is needed other than for pain. However, when reading ODG guidelines, MRI is indicated when internal derangement is suspected. Given the patient's persistent symptom, and no evidence that an MRI was done before, the request is medically necessary.

**12 sessions of acupuncture for the lumbar spine:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Acupuncture for Neck and Low back Pain.

**Decision rationale:** This patient presents with chronic low back pain. The treating physician would like to stay conservative with his treatments and is requesting 12 sessions of acupuncture to "see if this will help to reduce pain and allow him to continue with a home exercise program." For acupuncture, MTUS page 8 recommends acupuncture for pain, suffering, and restoration of function. Recommended frequency and duration is 3 to 6 treatments to produce functional improvement, 1 to 2 times per year with optimal duration of 1 to 2 months. The medical file provided for review does not indicate the patient has tried acupuncture therapy. Given the patient's continued pain and decreased range of motion, a short course of 6 sessions may be warranted. However, the treating physician is requesting an initial 12 sessions, which exceeds what is recommended by MTUS. The request is not medically necessary.