

Case Number:	CM14-0145323		
Date Assigned:	09/12/2014	Date of Injury:	05/16/2013
Decision Date:	10/14/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/08/2014

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 Chiropractic, has a subspecialty in 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:

The patient is a 54-year-old female with a date of injury of 5/16/2013. According to the most recent progress report dated 8/1/2014, the patient complained of low back and right knee pain. The patient rated the pain at 7/10. Significant objective findings include decreased sensation globally in the left lower extremity, normal motor strength bilaterally in the lower extremity and normal deep tendon reflexes bilaterally. There was decreased lumbar range of motion, paravertebral muscle tenderness, pain with Kemp's and straight leg raise test bilaterally. Regarding the right knee, there was decreased range of motion, tenderness over the anterior and posterior knee. McMurray's test causes pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 Times 6 Weeks for The Lumbar Spine and Right Knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The guideline recommends acupuncture for chronic pain. It states that acupuncture may be "extended if there is documentation of functional improvement." Records indicate that the patient had prior acupuncture session. The acupuncture provider stated that the

patient had "increased strength, increased endurance, and increase ability to perform activities of daily living." However, there was no objective documentation of functional improvement as defined in section 9792.20(f). Therefore, the provider's request for 12 additional acupuncture sessions is not medically necessary at this time.