

Case Number:	CM14-0075498		
Date Assigned:	07/16/2014	Date of Injury:	06/29/2012
Decision Date:	12/31/2014	UR Denial Date:	04/17/2014
Priority:	Standard	Application Received:	05/23/2014

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, 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 44-year-old male with a date of injury of 6/29/2012. According to the progress report dated 4/08/2014, the patient complained of low back and knee pain. Significant objective findings include tenderness at the lumbosacral junction and the superior iliac crest. Motor strength testing was intact. Left knee exam revealed tenderness along the anterior, medial, and lateral joint line. The patient was diagnosed with left shoulder interscapular sprain, lumbosacral sprain/strain with spondylosis L4 through S1, disc bulging L4 through S1, left knee patellofemoral pain, and internal issues with gastrointestinal reflux.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 x a week for 4 weeks for Cervical Spine, Lumbar Spine, Left Shoulder, and Left Knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Acupuncture Medical Treatment Guideline recommends acupuncture for chronic pain. There was no evidence of prior acupuncture care. Based on the medical records, a current prescription for acupuncture would most accurately be evaluated as an initial

trial, for which the guidelines recommend 3-6 visits. The provider's request for acupuncture 2 times a week for 4 weeks exceeds the guidelines recommendation. Therefore, the request is not medically necessary.