

Case Number:	CM15-0011539		
Date Assigned:	01/29/2015	Date of Injury:	09/01/2010
Decision Date:	03/24/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	01/21/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 66 year old male sustained a work related injury on 09/01/2010. According to a progress report dated 12/19/2014, the injured worker reported right knee pain that was worse than the left knee. She had a total of 6 sessions of acupuncture therapy in the past that she found helpful to decrease her pain and increase her range of motion. Physical examination revealed tenderness to palpation about the paralumbar musculature with tenderness at the midline thoraco-lumbar junction and over the level of L5-S1 facets and right greater sciatic notch. There were muscle spasms. There was restricted range of motion due to complaints of pain. Sciatic tenderness and Patrick Fabere's test was positive. The right knee examination revealed mild joint line tenderness to palpation. There was mild effusion. Test for synovitis was positive. There was crepitus with range of motion. There was restricted range of motion due to complaints of pain. Diagnoses included lumbar strain with radicular complaints, bilateral knee strain status post left knee arthroscopy, left knee synovitis, left ankle strain superimposed on osteoarthritis and status post Agreed Medical Evaluation. Treatment plan included Acupuncture. On 01/05/2015, Utilization Review modified Acupuncture 2 x 4 to lumbar spine. CA MTUS Acupuncture Treatment Guidelines were cited for this request. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional acupuncture treatments, twice a week for four weeks for the lumbar spine:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The patient presents with low back pain rated 5-7/10 with radiation into the right leg and calf. The request is for additional acupuncture treatments, twice a week for four weeks for the lumbar spine. The RFA provided is dated 01/02/15. Physical examination revealed tenderness to palpation about the paralumbar musculature with tenderness at the midline thoracolumbar junction and over the level of L5-S1 facets and right greater sciatic notch. There were muscle spasms. There was restricted range of motion due to complaints of pain. Sciatic tenderness and Patrick Fabere's test was positive. Patient is working. MTUS recommends an optional trial of 6 visits over 2 weeks with evidence of objective functional improvement total of up to 18 visits over 6 to 8 weeks. For recurrences/flare-ups, reevaluate treatment success and if return to work is achieved, then 1 to 2 visits every 4 to 6 months. MTUS page 8 also requires that the provider monitor the treatment progress to determine appropriate course of treatments. For additional treatment, MTUS Guidelines require functional improvement as defined by Labor Code 9792.20(e), a significant improvement in ADLs, or change in work status and reduced dependence on medical treatments. Per progress report dated 12/19/14, the patient has received 6 sessions of acupuncture therapy which were helpful in decreasing the pain and increasing her range of motion. MTUS requires documentation of functional improvement, defined by labor code 9792.20(e) as significant change in ADL's, or change in work status and reduced dependence on other medical treatments. In this case, the provider has not documented functional improvement. There are no discussions regarding ADL's and reduction in medication use. Therefore, the request is not medically necessary.