

Case Number:	CM15-0113819		
Date Assigned:	06/22/2015	Date of Injury:	05/29/2014
Decision Date:	07/21/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	06/12/2015

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: Oriental Medicine

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 injured worker is a 58 year old female who sustained an industrial injury on 5/29/14. Diagnoses include Lumbar sprain/strain, Right elbow pain, and Right knee osteoarthritis. A primary treating physician progress report dated 3/9/15 notes subjective complaints of constant severe to 8/10 burning low back pain with stiffness, numbness, tingling and weakness radiating to the neck. Symptoms are aggravated by prolonged standing and bending. Relief is obtained with medication. She complains of constant moderate to 6/10 dull, achy, sharp right elbow pain with stiffness heaviness, numbness and weakness radiating to the right shoulder. Relief is obtained with medication. She also complains of constant moderate to 7/10 sharp right knee pain with stiffness, heaviness, numbness and weakness radiating to her lower back. Symptoms are aggravated by prolonged walking and climbing stairs and are relieved with medication. There has been no improvement of the lumbar spine noted since the last visit. Exam of the lumbar spine notes flexion is 40 degrees/60 degrees, extension is 15 degrees/25 degrees, left lateral bending is 15 degrees/25 degrees, and right lateral bending is 15 degrees/25 degrees. Kemp's test causes pain. Straight leg raise is negative. There is a decrease in pain of the right elbow due to the use of the home transcutaneous electrical nerve stimulation unit, oral medications and topical medications. Flexion of the right elbow is at 110 degrees/140 degrees. The right knee is slightly improved since the last visit. Knee flexion is 120 degrees/140 degrees and extension is 5 degrees/0 degrees. There is tenderness to palpation of the medial knee and McMurray's test and Apley's compression cause pain. Prior treatment includes transcutaneous electrical nerve stimulation, Naproxen, Protonix, Opioids, and topical creams. Work status is to remain off work

until 5/3/15. An orthopedic appointment is pending. The treatment plan is for MRI of the right elbow, Tramadol ER 100mg 1 per day, Naproxen, Protonix, Gabapentin 10%/Amitriptyline 10%/Bupivacaine 5%, Flurbiprofen 20%/Baclofen 10%/Dexamethasone 2% creams, acupuncture 2x6 for lumbar spine, right elbow, physical therapy 2x6 for lumbar spine and right elbow. The requested treatment is acupuncture 2x6 weeks for lumbar spine, right elbow and right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2x6 weeks for 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 guidelines note that the amount of acupuncture to produce functional improvement is 3 to 6 treatments. The same guidelines read extension of acupuncture care could be supported for medical necessity if functional improvement is documented as either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment. After an unknown number of prior acupuncture sessions, the patient continued symptomatic, taking oral medication and no evidence of sustained, significant, objective functional improvement (quantifiable response to treatment) obtained with previous acupuncture was provided to support the reasonableness and necessity of the additional acupuncture requested. In addition, the request is for acupuncture x 12, number that exceeds significantly the guidelines without a medical reasoning to support such request. Therefore, the additional acupuncture is not medically necessary

Acupuncture 2x6 weeks for right elbow: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The guidelines indicate that the number of acupuncture sessions to produce functional improvement is 3-6 treatments and also states that extension of acupuncture care could be supported for medical necessity if functional improvement is documented as either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment. The patient already underwent an unknown number of acupuncture sessions without any objective improvements documented (function-activities of daily living improvement, medication reduction, work restrictions reduction, etc). In the absence of clear evidence of significant quantifiable response to treatment obtained with previous acupuncture care and documenting the extraordinary

circumstances to support a number of sessions exceeding the guidelines (x 12), the request for additional acupuncture is not medically necessary.

Acupuncture 2x6 weeks for 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 current guidelines indicate the amount of acupuncture to produce functional improvement is 3 to 6 treatments. Also read extension of acupuncture care could be supported for medical necessity if functional improvement is documented as either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment. After an unknown number of prior acupuncture sessions, the patient continues symptomatic, taking oral medication and no evidence of any significant, objective functional improvement obtained with prior acupuncture care was documented to support the appropriateness of the additional acupuncture requested. Therefore, based on the lack of documentation demonstrating medication intake reduction, work restrictions reduction, activities of daily living improvement or reporting any extraordinary circumstances to override the guidelines recommendations, the additional acupuncture x 12 fails to meet the criteria for medical necessity. Therefore, the request is not medically necessary.