

Case Number:	CM15-0117081		
Date Assigned:	07/23/2015	Date of Injury:	03/15/2000
Decision Date:	08/19/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	06/17/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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:

This 46 year old male sustained an industrial injury to bilateral knees on 3/15/00. Previous treatment included physical therapy, acupuncture, injections and medications. In a PR-2 dated 6/1/15, the injured worker complained of bilateral knee pain rated 9/10 on the visual analog scale without medications and 4/10 with medications. Current pain was 6/10. The injured worker reported that he was currently receiving 40% pain relief with current medications and 20-30% pain relief with acupuncture. The injured worker had completed three sessions of acupuncture. Physical exam was remarkable for severe allodynia to light touch to the medial and lateral aspect of the left patella with severe decreased bilateral knee range of motion due to pain. The injured worker walked with a slow, waddling gait. Current diagnoses included reflex sympathetic mediated pain syndrome and bilateral knee strain. The physician noted that the injured worker wished to proceed with a spinal cord stimulator trial. The treatment plan included appealing a request for a psychiatry evaluation prior to spinal cord stimulator trial, requesting authorization for six additional sessions of acupuncture and continuing medications (Percocet, Fentanyl patch, Omeprazole, Celebrex and Gabapentin).

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture, 6 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Functional improvement.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Acupuncture treatment.

Decision rationale: Pursuant to the Acupuncture Medical Treatment Guidelines and the Official Disability Guidelines, acupuncture six sessions is not medically necessary. Acupuncture is not recommended for acute low back pain. Acupuncture is recommended as an option for chronic low back pain using a short course of treatment in conjunction with other interventions. The Official Disability Guidelines provide for an initial trial of 3-4 visits over two weeks. With evidence of objective functional improvement, a total of up to 8 to 12 visits over 4 to 6 weeks may be indicated. The evidence is inconclusive for repeating this procedure beyond an initial short period. In this case, the injured worker's working diagnoses are reflex sympathetic mediated pain syndrome; and bilateral knee strain. The date of injury is March 15, 2000. Request for authorization is dated June 3, 2015. According to a progress note dated June 1, 2015, each worker has subjective complaints of knee pain 4/10. Objectively, the documentation indicates severe allodynia to light touch medial and lateral aspect of left patella, severe decreased range of motion right and left knee flexion and extension due to pain and waddling gait. There are no other objective physical findings documented. The injured worker received 3 sessions of acupuncture with 20% to 30% pain relief. The treating provider did not document whether there was objective functional improvement (increase in ADLs, etc.). The guidelines allow an initial trial of 3-4 visits over two weeks. With evidence of objective functional improvement, an additional 8 to 12 visits may be indicated. There is no evidence of objective functional improvement in the record. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines and no documentation demonstrating objective functional improvement as a result of the initial trial, acupuncture six sessions is not medically necessary.