

Case Number:	CM15-0117465		
Date Assigned:	07/01/2015	Date of Injury:	02/03/2014
Decision Date:	08/05/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/18/2015

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: Chiropractor, 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:

This 36 year old man sustained an industrial injury on 2/3/2014. The mechanism of injury is not detailed. Diagnoses include lumbar sprain, lumbar facet arthropathy, lumbar stenosis, internal derangement of knees, and sprain of the cruciate ligament. Treatment has included oral medications. Physician notes on a PR-2 dated 5/26/2015 show complaints of lumbar spine pain rated 4/10 with radiation to the right leg and calf and bilateral knee pain rated 5/10. Recommendations include physical therapy, acupuncture, orthopedic consultation, and functional capacity evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture - Lumbar spine 2x6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The patient was diagnosed with lumbar sprain, lumbar facet arthropathy, lumbar stenosis, internal derangement of knees, and sprain of the cruciate ligament. Upon

reviewing the submitted records, it is unclear if the patient had received acupuncture in the past. Therefore, it is best to evaluate the provider's request as an initial trial for which the guidelines recommend 3-6 visits. The provider's request for 12 acupuncture sessions for the lumbar spine exceeds the guidelines recommendation for an initial trial therefore the request is not medically necessary and appropriate at this time.