

Case Number:	CM15-0120556		
Date Assigned:	07/07/2015	Date of Injury:	02/03/2014
Decision Date:	07/31/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/22/2015

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 (n) 36-year-old male, who sustained an industrial injury on 2/3/14. He reported pain in his lower back related to repetitive movements. The injured worker was diagnosed as having lumbar sprain, lumbar facet hypertrophy, lumbar stenosis, internal derangement of the knee and left knee sprain. Treatment to date has included a lumbar MRI, Flexeril, Naproxen, Pantoprazole and topical creams. As of the PR2 dated 5/26/15, the injured worker reports 4/10 pain in his lower back and 5/10 pain in his bilateral knees. The treating physician noted the left knee flexion is 130/140 degrees. The treating physician requested acupuncture 2 x weekly for 6 weeks to the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture to the left knee 2x6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation ACOEM Pain and suffering and the restoration of function chapter page 114.

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 provider requested on 04-16-15 acupuncture x 12 and again, on 05-26-15, [additional] acupuncture x 12 was requested. It was unreported the number of sessions already completed and gains obtained with such care, if any. In the absence of the previously mentioned information (number of sessions completed and functional gains obtained like function-activities of daily living improvement, medication reduction, work restrictions reduction, etc) and documenting the extraordinary circumstances to support a number of sessions exceeding the guidelines (x 12), the request for additional acupuncture is not supported for medical necessity. Therefore, this request is not medically necessary.