

Case Number:	CM15-0120909		
Date Assigned:	07/01/2015	Date of Injury:	02/16/2010
Decision Date:	08/04/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/23/2015

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:

The injured worker is a 32 year old male, who sustained an industrial injury on 2/16/10. The diagnoses have included cervical intervertebral disc displacement without myelopathy, thoracic/lumbosacral neuritis/radiculitis, internal derangement of the knee and anxiety and depression. Treatment to date has included medications, activity modifications, off work, diagnostics, surgery, physical therapy, ice and home exercise program (HEP). Currently, as per the physician progress note date 5/8/15, the injured worker complains of cervical, lumbar, knee, ankle, foot, buttock and leg pain. He rates the pain 5/10 on pain scale. There are also complaints of numbness and tingling, anxiety/stress, and insomnia. The diagnostic testing that was performed included x-ray of the lumbar spine dated 5/22/15 that reveals Schmorl's node, restricted range of motion in flexion and extension, and posterior spinal fusion hardware present with no sign of loosening. The x-ray of the thoracic spine dated 4/22/15 reveals straightened thoracic kyphosis with decreased range of motion in flexion and extension and thoracic dextroconvex scoliosis. The objective findings reveal lumbar tenderness, decreased lumbar range of motion, decreased range of motion in the bilateral knees and positive McMurray sign bilaterally. Per medical notes dated 03/27/15, "patient feels better with acupuncture treatment and topical cream." The physician requested treatment included Acupuncture 2 x week x 3 weeks to the thoraco lumbar and lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 x wk x 3 wks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Per medical notes dated 03/27/15, "patient feels better with acupuncture treatment and topical cream." Patient has had prior acupuncture treatment. Provider requested additional 6 acupuncture sessions which were non-certified by the utilization review. There is lack of evidence that prior acupuncture care was of any functional benefit. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Additional visits may be rendered if the patient has documented objective functional improvement. Per MTUS guidelines, Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam or decrease in medication intake. Per review of evidence and guidelines, 2x3 acupuncture treatments are not medically necessary.