

Case Number:	CM15-0124163		
Date Assigned:	07/08/2015	Date of Injury:	02/07/2003
Decision Date:	08/05/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/27/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 56 year old male, who sustained an industrial injury on 02/07/2003 secondary to lifting a wacker in and out of a trench and continued prolong digging. On provider visit dated 05/18/2015 the injured worker has reported severe pain in his back. On examination of the back exam revealed palpable spam in the lumbar trunk, with a decreased range of motion. He was noted to ambulate with a limp. The diagnoses have included lower back pain, hip pain and knee pain. Treatment to date has included medication and laboratory studies. He was noted not to be working. The provider requested 8 acupuncture sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 acupuncture sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic), Acupuncture.

Decision rationale: MTUS state that acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The treating physician did not provide detail regarding patient's increase or decrease in pain medication. Further, there was no evidence to support that this treatment would be utilized as an adjunct to physical rehabilitation or surgical intervention to hasten functional recovery. Additionally, medical documents do not indicate that pain medications is not tolerated. ODG states regarding knee acupuncture, Recommended as an option for osteoarthritis, but benefits are limited. ODG further details the quantity: Initial trial of 3-4 visits over 2 weeks. With evidence of objective functional improvement, total of up to 8-12 visits over 4-6 weeks (Note: The evidence is inconclusive for repeating this procedure beyond an initial short course of therapy.)The patient has already attended 6 sessions of acupuncture. Per guidelines, the maximum number of visits is 12 sessions. The requested number of sessions, in addition to the prior 6 sessions, would equal 14 total sessions. This is in excess of the guidelines. The previous reviewer modified the request to 4 additional sessions, which is within guidelines. As such, the request for 8 acupuncture sessions is not medically necessary.