

Case Number:	CM15-0126191		
Date Assigned:	07/13/2015	Date of Injury:	12/27/2013
Decision Date:	08/31/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	07/01/2015

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: Physical Medicine & Rehabilitation

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 70 year old female with an industrial injury dated 12/27/2013. Her diagnoses included sprain/strain of lumbar spine, sprain/strain of bilateral knees and pain of left shoulder. Prior treatment included acupuncture. She presented on 06/12/2015 with complaints of left shoulder pain rated as 8-10/10 and radiates to the neck. Lumbar spine pain was rated as 8/10 and radiated down the left leg. She complained of constant sharp pain with cracking and popping of bilateral knees. The pain is rated as 7/10. Objective findings are documented as pain at lumbar 3- sacral 1, left paravertebral muscle and left posterior superior iliac spine. She also reported diffuse tenderness in both knees. Treatment plan included to continue off work for another 2 months, additional acupuncture and follow up. The treatment request is for acupuncture two times three visits for the lumbar spine, bilateral knees and left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture two times three visits for the lumbar spine, bilateral knees and left shoulder:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Labor Code 9792.24.1 Page(s): 8 of 127, 13 of 127.

Decision rationale: The patient was injured on 12/27/13 and presents with pain in her left shoulder, lumbar spine, and bilateral knees. The request is for acupuncture 2 times 3 visits for the lumbar spine, bilateral knees, and the left shoulder. The RFA is dated 06/12/15 and the patient is to remain off of work until 08/04/15. The 06/04/15 progress report indicates that the patient has had prior acupuncture sessions. It is unknown when these prior sessions took place, how many sessions the patient had in total, and how these sessions impacted the patient. For acupuncture, MTUS Guidelines page 8 recommends acupuncture for pain, suffering, and for restoration of function. Recommended frequency and duration is 3 to 6 treatments for trial, and with functional improvement, 1 to 2 per month. For additional treatment, MTUS Guidelines require functional improvement as defined by Labor Code 9792.20(e), a significant improvement in ADLs, or change in work status and reduced dependence on medical treatments. The patient is diagnosed with lumbar spine sprain/strain, bilateral knee sprain/strain, and left shoulder pain. It appears that the patient has already had acupuncture sessions prior to this request. However, it is unknown how many total sessions of acupuncture the patient has had to date and there is no specific documentation of how this acupuncture impacted the patient's pain and function. Given the absence of documentation of functional improvement as defined and required by MTUS Guidelines, additional sessions of acupuncture cannot be reasonably warranted as the medical necessity. The requested 6 sessions of acupuncture IS NOT medically necessary.