

Case Number:	CM15-0176977		
Date Assigned:	09/17/2015	Date of Injury:	04/18/2012
Decision Date:	10/27/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/08/2015

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, Hawaii

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 (IW) is a 54 year old male who sustained an industrial injury on 04-18-2012. The injured worker was diagnosed as having Chronic low back pain, Thoracic spine pain, Left wrist pain (resolved) Head injury with no residual (resolved) Chronic left knee pain with history of left knee surgery 2009 (3 different claims) Chronic right knee pain with history of meniscal repair 2006 (industrial). Treatment to date has included medications and acupuncture. In a provider note 01-20-2015, the worker had attended 4 of 8 acupuncture treatments and was taking Tramadol for pain. On 07-13-2015, his pain was documented using a 0-10 pain scale and was 7 to 8 without medications, dropping to a 4-5 with medications. His current pain level was a 7. With medications, he is able to be very active at home, and attend social functions. He is not able to sleep 6 to 8 hours without Lyrica and Tramadol. Tramadol lasts 3-4 hours at a time. Lyrica helps relieve the radiating symptoms in the lower extremities. In the notes of 08-10-2015, the worker is on Percocet from his family physician. His medications also include Lyrica. His urine drug screen was negative on 09-15-2014 when he was on Tramadol, and he had an inconsistent urine drug screen 03-26-2015 that was positive for Morphine. The worker related he had taken his wife's morphine as he had run out of Tramadol. In the provider notes of 08-18- 2015, the injured worker had completed the sixth session of six acupuncture treatments and experienced continued mild relief from his knee and low back pain. Prescription medications included Relafen and Ultram. Treatment plans include prescriptions for Tramadol and Lyrica and continuation of Acupuncture. A request for authorization was submitted for Ongoing

Acupuncture to the back QTY: 12, Tramadol 150mg #90, and Lyrica 100mg #270. A utilization review decision 08-24-2015 approved the Lyrica and denied the Acupuncture and Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ongoing Acupuncture to the back QTY: 12: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The patient presents with low back and bilateral knee pain. The current request is for Ongoing Acupuncture to the back quantity 12. The treating physician's report dated 07/13/2015 (102B) states, "He states that decreasing the acupuncture once a week was not good for him. He would like to continue twice a week, as they are tremendously helpful. Acupuncture treatments make sure that his symptoms are under control and that he does not have to require more and more medications." The Acupuncture Medical Treatment Guidelines page 13 states that it 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. In addition, MTUS states that an initial trial of 3 to 6 visits is recommended. Treatments may be extended if functional improvement is documented. Acupuncture therapy reports from 02/04/2015 to 08/08/2015 (32B, 198B) show a total of 14 visits. The Acupuncture therapy report dated 08/08/2015 (198B) notes, "The patient reports experiencing continued mild relief for his knee and low back with the acupuncture treatment. The patient states that he has been more functional after the acupuncture treatment for a couple of days. The patient states that he has been able to walk and stand better since he started the acupuncture treatment. The patient states that he has been able to sleep better since he started the acupuncture treatment." In this case, the physician has noted functional improvement while utilizing acupuncture therapy and continuation of treatment is supported by the guidelines. The current request is medically necessary.