

<b>Case Number:</b>	CM15-0178610		
<b>Date Assigned:</b>	09/18/2015	<b>Date of Injury:</b>	11/01/2000
<b>Decision Date:</b>	10/22/2015	<b>UR Denial Date:</b>	09/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/10/2015

### 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 52 year old male who sustained an industrial injury on 11-1-00 involving his left knee, lumbar spine, shoulders. He is not working. Diagnoses include status post left knee arthroscopy with residuals; status post lumbar spine surgery with residuals; status post appendectomy with residuals; lumbar radiculopathy; erectile dysfunction; anxiety disorder; mood disorder; sleep disorder; stress. Documentation from 8-12-15 was not present. He currently (4-16-15) complains of constant back pain radiating to the right hip and down the leg with numbness and tingling of bilateral lower extremities and a pain level of 4-5 out of 10; constant left knee pain with a pain level of 4-5 out of 10. He has pain when performing basic activities of daily living. He has stress and anxiety. Medications offer temporary relief and improve his ability to have a restful sleep. On physical exam there was palpable tenderness at the lumbar paraspinal muscles and lumbosacral junction, trigger point at the right posterior sacroiliac joint and right sciatic notch tenderness, decreased range of motion; left knee exam revealed tenderness to palpation over the medial and lateral joint line and to the patellofemoral joint, decreased range of motion. Chiropractic notes from 3-18-15 through 8-12-15 were not decipherable and acupuncture notes from 8-28-15 to 9-2-15 were not decipherable. Treatments to date include medications; chiropractic care for the lumbar spine and left knee; shockwave therapy. The request for authorization dated 8-10-15 indicated consult, re-evaluation acupuncture, twice per week for four weeks. On 9-2-15 utilization review evaluated and non-certified the request for acupuncture consultation, re-evaluation based on previous acupuncture treatment so a consult is not appropriate and documentation revealed worsened symptoms despite acupuncture.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Acupuncture consultation / re-evaluation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**Decision rationale:** The guidelines note that the amount of acupuncture to produce functional improvement is 3 to 6 treatments. The same guidelines read extension of acupuncture care with an evaluation and management service 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." After an unknown number of prior acupuncture sessions, no documentation of any significant, objective functional improvement (quantifiable response to treatment) obtained with previous acupuncture was provided to support the medical necessity of additional acupuncture or the acupuncture consultation and re-evaluation requested. Therefore, based on the lack of documentation demonstrating any improvements with prior acupuncture or any extraordinary circumstances to override the guidelines recommendations, the acupuncture consultation and re-evaluation requested fails to meet the criteria for medical necessity. The request is not medically necessary.