

Case Number:	CM15-0067345		
Date Assigned:	04/15/2015	Date of Injury:	10/22/2014
Decision Date:	05/14/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/09/2015

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 was a 64 year old female, who sustained an industrial injury, October 22, 2014. The injured worker slipped and bruised and sprained multiple areas. The injured worker received the following treatments in the past acupuncture, massage, Klonopin, Soma, Oxycodone, Senna, Percocet and physical therapy. The injured worker was diagnosed with lumbar sprain with contusion and ecchymosis, bilateral upper extremity elbow contusion, cervical degenerative disc disease degenerative joint disease. Lumbar degenerative disc disease, degenerative joint disease with past history of sciatica, right knee nonindustrial arthritis, post arthroscopy with medical compartment arthritis, bilateral lower extremity contusions and possible sacral fracture due to increasing pain with standing, walking and twisting. According to progress note of March 26, 2015, the injured workers chief complaint was low back pain, bilateral hip pain and left knee pain. The therapies have decreased the injured workers pain level for 6 out of 10 to 3-4 out of 10; 0 being no pain and 10 being the worse pain, more than 40% pain relief. The physical exam noted tenderness of the cervical paravertebral muscles and the upper back and neck. There was tenderness of the lower back worse with bending forward ad extension. There were multiple brain contusions. The treatment plan included requested additional acupuncture 6 sessions for the cervical spine and bilateral knees/lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 6 Sessions Lumbar, Cervical, Bilateral Knees/Lower Extremities: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

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 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." Despite that the prior six acupuncture sessions were reported as beneficial with 50% improvement, medication intake reduction, with standing-walking improvements and increased ability to perform activities of daily living, the reporting from the provider (report dated 03-26-15) describes the patient's condition as significantly symptomatic, continues taking narcotics (Percocet 5/325, TID), and continues disable (not working). Without specific documentation of any specific significant, objective functional improvement (quantifiable response to treatment) attributable to previous acupuncture, the additional acupuncture requested does not meet the guidelines criteria for medical necessity.