

Case Number:	CM15-0067886		
Date Assigned:	04/15/2015	Date of Injury:	04/27/2009
Decision Date:	06/01/2015	UR Denial Date:	03/05/2015
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 is a 56 year old female, who sustained an industrial injury on 4/27/09. She reported low back and bilateral knee injuries. The injured worker was diagnosed as having lumbar radiculopathy, lumbar sprain/strain, right knee internal derangement and left knee internal derangement. Treatment to date has included oral medications, lumbar epidural steroid injections, acupuncture and physical therapy. Currently, the injured worker complains of constant moderate, sharp, stabbing, throbbing, burning, stiffness, heaviness, numbness, tingling, weakness and cramping of low back, right knee and left knee. The injured worker rated the knee pain 6/10 and the left knee pain 7/10. Physical exam noted no bruising, swelling, atrophy or lesion of lumbar spine, right or left knee. The treatment plan included dispensing of Naproxen, Zolpidem, Pantoprazole, Alprazolam and Tizanidine and a request for further therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2xwk x 4 wks lumbar spine, bilateral knees: 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." After an unknown number of prior acupuncture sessions, no evidence of any sustained, significant, objective functional improvement (quantifiable response to treatment) obtained with previous acupuncture was provided to support the reasonableness and necessity of the additional acupuncture requested. In addition, the request is for acupuncture x 8, number that exceeds the guidelines criteria without a medical reasoning to support such request. Therefore, based on the lack of documentation demonstrating medication intake reduction, work restrictions reduction, activities of daily living improvement, and a request exceeding the guidelines recommendations, the request for additional acupuncture is not medically necessary.