

Case Number:	CM15-0077884		
Date Assigned:	04/29/2015	Date of Injury:	03/19/2002
Decision Date:	05/28/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	04/23/2015

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: Chiropractor, 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 48 year old female who sustained an industrial injury on 3/19/02. The mechanism of injury is unclear. She currently complains of increased low back pain. She has bilateral knee pain but walks one to two miles per day but it is very painful and her right knee gives out. Her pain intensity is 6/10. Medications include Voltaren gel, Norco, Amrix. Diagnoses include failed back surgery syndrome, lumbar; low back pain; lumbar degenerative disc disease; lumbar radiculopathy; myofascial pain syndrome; bilateral plantar fasciitis, pes planus and history of post-operative left plantar fasciectomy and insomnia. Treatments to date include medications; custom fit orthotics. Diagnostics include MRI of the lumbar spine (no date) abnormal findings. In the progress note dated 3/27 15 the treating provider's plan of care includes a request for acupuncture for the lumbar spine, twelve sessions, as it has been years since she has had conservative treatment and it was felt that this would increase the injured worker's overall functional capacity.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Sessions of acupuncture for the lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Acupuncture Medical Treatment guidelines recommend acupuncture for pain. It recommends 3-6 visits to produce functional improvement. Acupuncture may be extended with documentation of functional improvement. The patient complained of chronic low back pain and bilateral knee pain. According to the report dated 3/27/15, the provider noted that it has been many years since the patient has undergone any conservative measures of therapy. The provider stated that these forms of conservative treatment would increase the patient's overall functional capacity. It is not known if the patient had prior acupuncture treatments. Based on the medical records, a current prescription for acupuncture would most accurately be evaluated as an initial trial, for which the guidelines recommend 3-6 visits. However, the provider's request for 12 acupuncture session to the lumbar spine exceeds the guidelines recommendation for an initial trial. Therefore, the provider's request is not medically necessary and appropriate at this time.