

Case Number:	CM15-0095078		
Date Assigned:	05/21/2015	Date of Injury:	04/09/2000
Decision Date:	06/26/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	05/18/2015

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 58 year old male, who sustained an industrial injury on April 9, 2000, incurring low back injuries and left knee injuries secondary to moving heavy objects. He was diagnosed with lumbar spine sprain with radiculopathy, and left knee meniscus tear. He underwent a left knee arthroscopy and meniscectomy. Treatment included anti-inflammatory drugs, pain medications, physical therapy, and chiropractic sessions. Computed tomography of the lumbar spine revealed mild disk bulge, facet arthropathy, mild canal stenosis and severe foraminal stenosis. Currently, the injured worker complained of persistent pain in the low back radiating to both legs with weakness, numbness and tingling aggravated by prolonged standing, bending, twisting, lifting and carrying. The treatment plan that was requested for authorization included acupuncture for the lumbar spine and left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 1 x 4 lumbar/left knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The patient's injury is over 15 years old and medical records fail to document if the request is for initial trial of care or additional treatment is requested. Provider requested 1X4 acupuncture sessions which were non-certified by the utilization review. There is lack of evidence that prior acupuncture care was of any functional benefit. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Additional visits may be rendered if the patient has documented objective functional improvement. Per MTUS guidelines, Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam or decrease in medication intake. Per review of evidence and guidelines, 1X4 acupuncture treatments are not medically necessary.