

<b>Case Number:</b>	CM13-0036667		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	12/03/2007
<b>Decision Date:</b>	03/04/2014	<b>UR Denial Date:</b>	10/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2013

### 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. The expert reviewer is Board Certified in Chiropractic, has a subspecialty in Acupuncture and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 58-year-old male with a date of injury of 12/03/2007. According to the progress report dated 9/23/2013 by [REDACTED], the patient complained of low back pain that radiates to the bilateral lower extremities to the level of the foot. The pain is associated with weakness, numbness, and tingling in the lower extremity to the foot. In addition, the patient complained of neck pain with radiation into the bilateral upper extremity to the hands. There was associated weakness and tingling in the upper extremity. The patient's pain was rated at 8/10 with medication and 10/10 without medications. Significant objective findings include decrease range of motion in the lumbar spine, spinal vertebral tenderness at L4-S1, lumbar myofascial tenderness and paraspinous muscle spasm, cervical spine vertebral tenderness, and cervical myofascial tenderness and paraspinous muscle spasm. The patient was diagnosed with lumbar radiculopathy, cervical radiculopathy, myalgia/myositis, depression, chronic pain, medication related dyspepsia, bilateral shoulder pain, status post left shoulder surgery x2.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**A series of 4 Acupuncture sessions:** Overturned

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

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

**Decision rationale:** The MTUS Acupuncture Guidelines recommend a trial of 3 to 6 treatments with a frequency of 1 to 3 times a week over 1 to 2 months to produce functional improvement. Acupuncture treatments may be extended if functional improvement is documented. The patient was experiencing low back and neck pain with radiation into the extremities. According to the initial pain management evaluation dated 5/6/2013, the patient has tried acupuncture and it was helpful. The treating physician referred to prior acupuncture treatment but did not provide any dates or specific results. The medical records contain no record of specific acupuncture treatments, only a general reference to acupuncture at an undefined time and with non-specific results. 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. Therefore, the provider's request for 4 acupuncture sessions is medically necessary at this time

**One prong cane:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- online version- Walking Aids/Canes.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg (Acute & Chronic) section on walking aids.

**Decision rationale:** The Official Disability Guideline recommend walking aids (canes, crutches, braces, orthosis, and walkers) for patients who have disability, pain, and age related impairments. There was no evidence in the medical records provided for review of any physical impairment to the patient that requires a single point cane. Therefore, the request for a single point cane is not medically necessary and appropriate.