

<b>Case Number:</b>	CM13-0040872		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	11/28/2002
<b>Decision Date:</b>	02/11/2014	<b>UR Denial Date:</b>	10/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation 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 physician 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:

This 61 year-old male sustained an injury on 11/28/02. Requests under consideration include 8 sessions of acupuncture and med panel (CBC, liver and kidney panel, electrolytes, and serum protein measurements, lipid panel with cholesterol and triglycerides, and hormonal measurements). The patient is status post lumbar fusion at L4-5 in the 1990s; status post cervical fusion C5-7, left knee replacement, and left shoulder surgery. Per report of 6/8/10 from [REDACTED]. [REDACTED] who noted the patient with constant pain complaints involving the shoulders, neck and low back. Report of 8/15/13 from [REDACTED] noted patient with 10/10 neck pain radiating into bilateral upper extremities with numbness; mid back pain 8/10 radiating to left lower extremity and foot; GI pain with constipation. Exam showed decreased cervical, thoracic, and lumbar motion; decreased sensation left C6-8 and left L3-S1 dermatomes; motor 4- to 4+ in left arm and bilateral lower extremity muscles; negative SLR and hyper-reflexia. Requests included trial of 8 sessions of acupuncture and med panel. There is a report from [REDACTED] on 8/15/13 stating acupuncture did not relieve the patient's pain. Requests were non-certified on 10/15/13, citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture (8 sessions):** Upheld

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

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

**Decision rationale:** MTUS, Acupuncture Guidelines recommend initial trial of conjunctive acupuncture visit of 3 to 6 treatment with further consideration upon evidence of objective functional improvement. Submitted reports have not demonstrated the medical indication to support this request. There are no specific objective changes in clinical findings, no report of acute flare-up or new injuries, nor is there any functional improvement from acupuncture treatments already rendered as stated by [REDACTED], pain management. The 8 sessions of acupuncture is not medically necessary and appropriate.

**A medical panel:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Routine Suggested Monitoring Page(s): 70.

**Decision rationale:** Report from [REDACTED] on 4/30/13 noted the patient was prescribed Ambien and Robaxin; however, there is no clear medication profile given to support for multi-organ system lab testing. MTUS Guidelines do not support the treatment plan of ongoing chronic pharmacotherapy with NSAIDs as chronic use can alter renal or hepatic function. Blood chemistry may be appropriate to monitor this patient; however, there is no documentation of significant medical history or red-flag conditions to warrant for a metabolic panel. [REDACTED]. [REDACTED] does not describe any subjective complaints besides constipation, clinical findings, specific diagnosis, or treatment plan involving possible metabolic disturbances, lipid, hepatic, or renal disease to support the lab works as it relates to the musculoskeletal injuries sustained in 2002. It is not clear if the patient is prescribed any NSAIDs; nevertheless, occult blood testing has very low specificity regarding upper GI complications associated with NSAIDs. The request laboratory evaluations are not medically necessary.