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| <b>Case Number:</b>   | CM13-0042849 |                              |            |
| <b>Date Assigned:</b> | 12/27/2013   | <b>Date of Injury:</b>       | 05/18/2006 |
| <b>Decision Date:</b> | 04/18/2014   | <b>UR Denial Date:</b>       | 10/11/2013 |
| <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 Emergency Medicine 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 with a injury date of 5/18/06. Mechanism is described as from a motor vehicle collision. The patient was diagnosed with cervical spinal stenosis, lumbar herniated nucleus pulposus, lumbar annular tear L3-5, lumbar radiculopathy, musculoligamentous injury to entire spine, R lateral epicondylitis and post anterior cervical discectomy and fusion of C3-6. Multiple medical reports from primary treating physician and consultants reviewed. The last record was available until 11/21/13. Many of the reports concern patient's neck pain and cervical pathology and are not relevant to patient's low back complaint. Pt has complains of low back pain. Pain is severe and shoots down both legs R sided worst than L. pain worsens with walking or standing more than 10/15minutes. Pain is 9/10. Pt also has pain to neck radiating down both hands with pain and numbness and tingling right wrist and the left. Objective exam reveals diffuse tenderness to entire upper extremity. R elbow pain and tenderness. The bilateral Tinel, and Phalen's test were positive. Bilateral hand grip is significantly decreased There is Lumbar Final Determination Letter for IMR Case Number [REDACTED] 3 spine tenderness, painful range of motion (ROM) and decreased sensation to bilateral lower extremities at L4-5 and S1 dermatomal distribution. Strength in lower extremity is diffusely 3-4/5. MRI of lumbar spine shows L5-S1 L lateral protrusion extending peripheral to left foramen measuring 4mm with slight effacement of L5 nerve root, L4-5 3mm right lateral protrusion, L3-4 broad based 2-3mm protrusion. The patient reported 14 acupuncture of low back sessions completed. There were vague complaints of some benefit. The report from orthopedics on 11/21/13 reports that acupuncture has "helped" "a great deal" with statements that it has improved activities of daily living and functional improvement. However, there is no objective documentation as to the improvement. Utilization review is for additional acupuncture 2x3 to lumbar spine. Prior UR on 10/11/13 recommended non certification.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

**ACUPUNCTURE 2 X 3 TO LUMBAR SPINE:** Upheld

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

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

**Decision rationale:** As per MTUS Acupuncture guidelines, additional sessions of acupuncture may be considered if there is documentation of functional improvement. Multiple reports from acupuncturist was reviewed along with report from orthopedics(11/21/13) and primary treating physician and pain consult on 5/9/13, 6/4/13, 7/18/13 and 8/16/13 with no documentation of functional improvement. Physical exam and pain scale is unchanged. Orthopedist on 11/21/13 states that acupuncture "helped" "a great deal" and states that it has "improved" activities of daily living and function but there is no objective documentation of this "improvement". As per MTUS Acupuncture guidelines, there must be objective documentation of functional improvement. There is no documentation of pain improvement, decrease in pain medication use, change in work status or any objective activity of daily living therefore the additional requested acupuncture sessions do not meet the MTUS criteria. The additional requested acupuncture sessions are not medically necessary.