

<b>Case Number:</b>	CM13-0047074		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	01/04/2011
<b>Decision Date:</b>	03/14/2014	<b>UR Denial Date:</b>	10/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2013

### 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 Internal Medicine, has a subspecialty in Pulmonary Disease 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:

The patient is a 61-year-old female who reported an injury on 01/04/2011. The mechanism of injury was noted to be that the patient had a slip and fall off a wooden chair while sitting with her left leg crossed to change her shoe. The patient was noted to suffer a fractured coccyx. The patient was noted to complain of right lateral leg and foot numbness and tingling that was worse with sitting. The pain was noted to start in the tailbone and go down to the lateral side and bottom of the foot. Palpation of the piriformis muscle created a pain reaction of seven to eight (7 to 8) on the right side and one (1) on the left side. Palpation of the coccyx initiated the same pain response. The patient's diagnosis was noted to be pain in the lumbar region. The recommendation was noted to be for eight (8) visits of acupuncture at two (2) times per week and circulation supplements at capsules three (3) times per day for the duration of the treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Eight (8) acupuncture treatments visits, two (2) times a week:** 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 indicate that acupuncture is used as an option when pain medication is reduced or not tolerated, and it is recommended as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The time to produce functional improvement is three to six (3 to 6) treatments and acupuncture treatments may be extended if functional improvement is documented including either a clinically significant improvement in activities of daily living or a reduction in work restrictions. Clinical documentation submitted for review failed to provide a necessity for sixteen (16) visits per the submitted request. However, the documentation that was submitted to accompany the request indicated that the request was for eight (8) visits at two (2) times per week. There was a lack of documentation indicating the body part that was to be treated with the acupuncture. Given the above, and the lack of clarity, the request for acupuncture treatments eight (8) visits two (2) times per week is not medically necessary.

**Herbal supplements, five (5) capsules twice per day:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Herbal medicines.

**Decision rationale:** The Official Disability Guidelines recommend herbal medicines for short term treatment of acute low back pain, which include devil's claw and willow bark. Per the submitted request, the ingredients were noted to be baishao, chuan xiong, dan shen, dang gui, Ge Gen, Gui Zhi, Hong Hua, Hou Po, Jiang Xiang, Mao Dong Qing, Ren Shen, Sha Ren, Xie Bai, Zhi Shi. Clinical documentation submitted for review failed to indicate that the patient would be treated with recommended herbal medications. Additionally, the request per the licensed acupuncturist was noted to be four (4) capsules three (3) times per day for the duration of treatment. The request as submitted was noted to be for herbal supplements, five (5) capsules twice per day. There was a lack of documentation indicating the quantity of capsules being requested. Given the above, the request for herbal supplements five (5) capsules twice per day is not medically necessary.