

<b>Case Number:</b>	CM14-0001710		
<b>Date Assigned:</b>	01/22/2014	<b>Date of Injury:</b>	11/01/2011
<b>Decision Date:</b>	03/25/2014	<b>UR Denial Date:</b>	01/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/06/2014

### 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 Texas. 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 56-year-old male who reported an injury on 10/01/2013, secondary to heavy lifting. The patient is diagnosed with multilevel herniated nucleus pulposus of the lumbar spine, multilevel lumbar stenosis, lumbar radiculopathy, multilevel herniated nucleus pulposus of the thoracic spine, right foraminal stenosis, and multiple herniated nucleus pulposus of the cervical spine with canal stenosis. The patient was seen by [REDACTED] on 10/02/2013. The patient reported 8/10 pain. Physical examination revealed tenderness to palpation, decreased range of motion, decreased sensation in the C6 dermatome as well as the left L5 dermatomes, and decreased strength. Treatment recommendations included a second transforaminal epidural steroid injection, an interlaminar epidural steroid injection at T8-9, ongoing follow-up with [REDACTED] for pain management, and acupuncture treatment twice per week for 6 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Twelve (12) sessions of acupuncture for the lumbar spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (acute and chronic).

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

**Decision rationale:** The Physician Reviewer's decision rationale: California MTUS Guidelines state acupuncture is used as an option when pain medication is reduced or not tolerated, and may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The time to produce functional improvement includes 3 to 6 treatments. As per the documentation submitted, the patient has completed a substantial amount of acupuncture treatment to date. Despite ongoing treatment, the patient continues to report persistent pain. Satisfactory response to previous acupuncture therapy has not been provided. Additionally, the request for 12 sessions of acupuncture treatment exceeds guideline recommendations. Based on the clinical information received, the request is non-certified.

**One (1) ongoing follow-up with pain management specialist:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (acute and chronic).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**Decision rationale:** The Physician Reviewer's decision rationale: California MTUS/ACOEM Practice Guidelines state physician follow-up can occur when a release to modified, increased or full duty is needed, or after appreciable healing or recovery can be expected. As per the documentation submitted, the patient continuously reports ongoing pain. The patient is currently prescribed opioid medication from a pain management specialist. While it may be necessary for the patient to return for 1 follow-up visit, the current request for ongoing visits cannot be determined as medically appropriate. Based on the clinical information received, the request is non-certified.