

<b>Case Number:</b>	CM14-0018290		
<b>Date Assigned:</b>	04/21/2014	<b>Date of Injury:</b>	12/10/1998
<b>Decision Date:</b>	07/02/2014	<b>UR Denial Date:</b>	01/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/13/2014

### 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 Physical Medicine and 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 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 an employee of [REDACTED] and has submitted a claim for myalgia and myositis associated with an industrial injury date of December 10, 1998. Treatment to date has included oral analgesics, physical therapy, acupuncture, spine surgeries and lumbar epidural steroid injection. Medical records from 2013 to 2014 were reviewed and showed lower back and left hip pain graded 6/10, radiating to the left upper foot described as aching, burning and sharp which is exacerbated by motion. Physical examination showed an antalgic gait, limitation of motion of the lumbar spine and tenderness of the lumbar facet joints and paraspinal musculature. There was also hypoesthesia over the lateral aspect of the left foot and ankle. The patient was diagnosed with myofascial pain, sacroiliac pain and lumbar radiculopathy. Previous MRI of the lumbar spine was obtained on February 26, 2013 which showed moderate central and foraminal stenosis. Utilization review dated January 13, 2014 denied the request for lumbar epidural steroid injection because there was no diagnostic imaging or electrodiagnostic studies reporting any compression of the nerve root; there is no objective evidence of radiculopathy on physical examination; and there was no documentation of lower levels of care of physical therapy or exercises. The request for acupuncture x 8 was denied because this would exceed the recommended number of visits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ACUPUNCTURE X 8:** 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 state that acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation to hasten functional recovery. The time to produce functional improvement is after 3-6 treatment sessions with an optimum duration of 1-2 months. In this case, the patient had previous acupuncture sessions however there was no evidence of improved pain and performance of activities of daily living, or any reduction in dependence on medical treatment associated with this procedure. Furthermore, the requested number of acupuncture visits was eight sessions which would exceed the recommended number of six visits. Therefore, the request for acupuncture x 8 is not medically necessary.