

<b>Case Number:</b>	CM14-0122087		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	03/06/2014
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	07/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/01/2014

### 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 injured patient is a 47-year-old-female janitor, who sustained an industrial injury on 3/6/2014, due to lifting. She complains of low back pain radiating to the left leg, down to the big toe with numbness and tingling in the posterior calf. She has been receiving physiotherapy / chiropractic treatment which has been helping some functionally, she still complains of pain. Examination of the lumbar spine, there is tenderness to palpation in the bilateral paraspinals and SI joint. Active ROM flexion 30; extension 10; Left and Right lateral bending 15; Left and Right lateral rotation 15. Range of motion is performed with pain, spasm, and tenderness. Orthopedic tests: Sitting straight leg raise was negative bilaterally; Supine straight leg raise were positive at 20 degrees bilaterally; Lasegue and Patrick tests were both negative bilaterally. Neurological tests: Strength; Hip flexor/extensor were 5/5 bilaterally; quadriceps/hamstring were 5/5 bilaterally; Ankle dorsiflexion/ankle plantar flexion were 5/5 bilaterally. Sensation is diminished with the pinwheel in the left L4, L5, and SI dermatome. Reflexes of patellar and Achilles were 2+ bilaterally. MRI of lumbar spine dated 04/11/14 at L4-L5 there is a mild to moderate left facet effusion. There is moderate left neuroforaminal stenosis, and moderate central canal stenosis. At L5-S1 there is a 2-3 mm leftward bulge or protrusion with mild left neuroforaminal stenosis. Current medications are Norco, Robaxin, and Meloxicam. Diagnoses are lumbar sprain/strain, neuritis or radiculitis, and lumbar disc syndrome. Treatments are anti-inflammatory, pain medication, muscle relaxants, topical analgesics and to continue physiotherapy/chiropractic treatment 2-3 times a week for 4-6 weeks. Previous request made by PTP dated May 1, 2014 for acupuncture sessions at 2 times a week for 4 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture sessions #8:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.1 of the California Code of Regulations, Title 8. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**Decision rationale:** "Acupuncture" is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Frequency and duration of acupuncture or acupuncture with electrical stimulation may be performed as follows: (1) Time to produce functional improvement: 3 to 6 treatments. (2) Frequency: 1 to 3 times per week. (3) Optimum duration: 1 to 2 months. The medical records do not establish the patient is a candidate for Acupuncture trial; as there is no documentation of pain medication being reduced or not tolerated. Furthermore, the requested number of sessions is also not supported by / exceeding the guidelines. Therefore, the medical necessity of the request of Acupuncture is not established.