

<b>Case Number:</b>	CM14-0135724		
<b>Date Assigned:</b>	08/29/2014	<b>Date of Injury:</b>	12/22/2002
<b>Decision Date:</b>	09/30/2014	<b>UR Denial Date:</b>	08/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/21/2014

### 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 Internal Medicine and Pulmonary Diseases 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 worker is a 57 year old female who reported an injury on 12/22/2002. The mechanism of injury was not specified. Her diagnoses included chronic pain syndrome, progressive disc disease, lumbar radiculopathy, severe spinal stenosis, trigger finger, and depression. Her previous treatments included exercise at the gym, physical therapy, trigger point injections, back brace, grab bars, and a shower chair. Her surgeries consisted of bilateral carpal tunnel release and hammer toe repair. Her diagnostic studies were not provided. On 05/08/2014 it was noted that the injured worker was having difficulty with sitting, standing, transferring, bathing, dressing, and transportation. She reported weakness in her bilateral lower extremities which was causing her to have increased falls. The 07/10/2014 note showed she ambulated with a sit down walker and a forward flexed posture at 30 degrees. Her medications were noted as Savella 50mg twice daily, Ambien 10mg at bedtime, Norco 10/325mg every 6 hours, Xanax 1mg 3 times daily, Zoloft 50mg daily, Seroquel 100mg at bedtime, Neurontin 600mg twice daily, Hydrochlorothiazide 25mg daily, Metoprolol 50mg daily, and Diovan 160mg daily. The treatment plan was for 12 acupuncture sessions of the lumbar spine. The rationale for request and the request for authorization form were not submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 ACUPUNCTURE SESSIONS, LUMBAR SPINE:** Upheld

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

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

**Decision rationale:** Based on the clinical information submitted for review, the request for 12 acupuncture sessions of the lumbar spine is not medically necessary. As stated in California Acupuncture Medical Guidelines, 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. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. When appropriate, acupuncture requires a 4-6 visit trial prior to continuing with treatment. The injured worker was noted to have bilateral lower extremity weakness, which was causing her to have an increase in falls. She was having trouble with sitting, standing, transferring, bathing, dressing, and transportation. There were 4 notes from physical therapy visits. The guidelines suggest acupuncture can be used as an adjunct to physical therapy/surgical intervention; however, the injured worker completed her physical therapy sessions but was still having lower extremity weakness. Also, acupuncture is used when pain medication is not tolerated or is reduced and the clinical documentation shows she has been on the same medication for more than half a year. Moreover, the number of visits requested exceeds the recommended number for an initial trial. As such, the request for 12 acupuncture sessions of the lumbar spine is not medically necessary.