

<b>Case Number:</b>	CM14-0152359		
<b>Date Assigned:</b>	09/22/2014	<b>Date of Injury:</b>	10/01/2011
<b>Decision Date:</b>	10/23/2014	<b>UR Denial Date:</b>	08/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2014

### 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:

This 47 year old patient had a date of injury on 10/1/2011. The mechanism of injury was not noted. In a progress noted dated 8/18/2014, the patient claims decreased pain since lumbar ESI on 7/2014. Acupuncture has been of benefit in the past. On a physical exam dated 8/18/2014, flexion is 70% of expected range of motion in LS. There are no motor deficits in legs, and the patient is working full duty. The diagnostic impression shows lumbar disc disease/lumbar grade I spondylolisthesis, lumbar radicular symptoms Treatment to date: medication therapy, behavioral modification, epidural steroid injection, chiropractic sessions, physical therapy A UR decision dated 8/20/2014 denied the request for acupuncture sessions to the lumbar spine x4, stating the patient complained of low back pain, and there is no evidence of medication reduction or intolerance. There is no objective evidence of functional improvement. The frequency and duration of acupuncture treatment is not available. Follow up visit was denied, stating that radiculopathy is not supported by objective findings and diagnostic testing. Next, functional improvement with conservative treatment is not documented. Lastly, there is not an indication of surgical consideration.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**4 x acupuncture sessions to the lumbar spine.:** 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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) pg 114

**Decision rationale:** CA MTUS Acupuncture Medical Treatment Guidelines state that treatments may be extended if functional improvement is documented (a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation), for a total of 24 visits. In the 7/8/2014 progress report, it was noted that the patient received 6 visits of acupuncture for flaring low back pain. However, there was no objective evidence of functional improvement noted from these sessions to justify further sessions. Therefore, the request for acupuncture sessions to lumbar spine x4 was not medically necessary.

**Follow up visit.:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 289-291.

**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

**Decision rationale:** CA MTUS does not address this issue. ODG states that evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, to monitor the patient's progress, and make any necessary modifications to the treatment plan. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. In the 8/6/2014 progress report, it was noted that the patient received bilateral L5 and S1 transformaminal ESI's on 7/23/2014, and that a follow up may be needed in 3 months, given the significant improvement with previous injections. Therefore, the request for a follow-up visit was medically necessary.