

<b>Case Number:</b>	CM14-0029430		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	04/29/2009
<b>Decision Date:</b>	07/17/2014	<b>UR Denial Date:</b>	02/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/08/2014

### 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 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 54-year-old female who sustained an injury to her low back on 04/29/09. The mechanism of injury was not documented. The injured worker continued to complain of constant pain radiating to the low back at 5-6/10 visual analog scale (VAS). She stated that current medications are helping to relieve her pain. Physical examination noted straight leg raise and Spurling's maneuver were positive; tenderness to palpation noted over the cervical purple paraspinal muscles, upper trapezius, scapular border and lumbar paraspinal musculature. An electromyogram/nerve conduction study revealed fibrillations in the cervical paraspinal muscles, everything else normal. Magnetic resonance imaging of the cervical spine revealed probable muscle spasm in the neck; C6-7, 2.5 mm broad-based posterior disc mildly indenting the anterior thecal sac; C4-5 and C5-6, 1.5 mm broad-based posterior disc bulge causes an indentation of the anterior thecal sac. The injured worker was diagnosed with cervical radiculopathy, lumbar radiculopathy, failed back surgery syndrome, anxiety and depression.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**UNKNOWN ACUPUNCTURE SESSIONS FOR THE CERVICAL AND LUMBAR SPINE.:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The frequency and duration of the requested acupuncture visits was not specified in the request. Acupuncture may be used as an option with pain medication is reduced or not tolerated, it may be used as an adjunct physical rehabilitation and/or surgical intervention to hasten functional recovery. There was no indication that the injured worker had any gastrointestinal comorbidities and there was no indication that the injured worker was currently in physical therapy or actively participating in a home exercise program. Given the clinical documentation submitted for review, medical necessity of the request for unknown acupuncture visits for the cervical and lumbar spine has not been established. The request for unknown acupuncture visits for the cervical and lumbar spine is not medically necessary.