

<b>Case Number:</b>	CM14-0041060		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	05/21/1996
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	03/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 male with a reported date of injury on 05/21/1996. The mechanism of injury was not submitted within the medical records. His diagnoses were noted to include lumbar intervertebral displacement without myelopathy, degeneration of lumbar or lumbosacral intervertebral disc, and post laminectomy syndrome to the lumbar region. His previous treatments were noted to include epidural steroid injections, trigger point injections, and medications. The progress note dated 05/01/2014 revealed the injured worker complained of left greater than right lower extremity pain. He reported he was having pain radiating past his kneecaps and was noting burning on the bottom of his feet. The injured worker also reported significant sharp pain behind his kneecap. The physical examination revealed a positive straight leg raise bilaterally, but left was stronger than the right, reflexes were 2+ in the knees but absent in the ankles, and noted hyperesthesia bilaterally in the L4 and S1 dermatomes. The progress note dated 05/03/2014 reveals the injured worker complained of left lower extremity weakness with numbness and stiffness in low back noted, and spasming. The loss of motor control over the lower extremities was noted. The injured worker ambulated with a straight cane and had difficulty transferring out of a chair. The injured worker had difficulties with activities of daily living. The injured worker reported the trigger point injections had decreased the pain 35% for a week. The neurological exam revealed deep tendon reflexes of the lower extremities were 2+, except for 1+ at the Achilles. Sensation to light touch was diminished in a S1 dermatomal distribution on the left side. Upon palpation, tenderness was noted over the paraspinal muscles overlying the facet joints and sacroiliac joints on both sides. Trigger points were noted over the lower paraspinal, middle paraspinal, lower paraspinal, and +1 muscle spasm noted over the lower paraspinal. The lumbar range of motion was unable to be tested due to severe pain. Pain behaviors were noted to include facial appearing grimacing, ambulatory behaviors, guarded

movements, and changed positions frequently. The Request for Authorization was not submitted within the medical records. The request was for acupuncture therapy 2 times a week for 3 weeks, for a total of 6 sessions due to myofascial pain.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Acupuncture therapy two times a week for three weeks total of six sessions:** Upheld

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

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

**Decision rationale:** The injured worker is utilizing oral medications and has received trigger point injections with 35% benefits. The Acupuncture Medical Treatment Guidelines recommend acupuncture 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 aid symptom functional recovery. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase the range of motion, decrease the side effect of medication induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. The guidelines recommend time to produce functional improvement is 3 to 6 treatments with frequency of 1 to 3 times a week, with an optimum duration of 1 to 2 months. Acupuncture treatments may be extended if functional improvement is documented. There is a lack of documentation regarding a reduction in pain medications or the acupuncture being used in adjunct with physical rehabilitation. Therefore, the request is not medically necessary.