

<b>Case Number:</b>	CM14-0066343		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	04/25/2011
<b>Decision Date:</b>	10/08/2014	<b>UR Denial Date:</b>	04/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/09/2014

### 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 & 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 worker is a 52 year old female with a reported date of injury on 04/25/2011. The mechanism of injury was not provided. The injured worker's diagnoses included cervical radiculopathy, myositis/myalgia, chronic pain, lumbosacral sprain/strain, lumbosacral neuritis or radiculitis, and Ehler's-Danlos Syndrome. The injured worker's past treatment included medications, an interferential unit, physical therapy, and acupuncture. The injured worker's diagnostic studies included an MRI of the lumbar and cervical spine on 05/16/2011, AN EMG/NCV on 02/18/2013, and x-rays of the cervical spine, lumbar spine, and pelvis on 02/13/2014. No pertinent surgical history was provided. On 01/23/2014 the injured worker rated her pain as 4/10 with and without medications. The focused cervical examination revealed a slightly limited range of motion due to pain and was otherwise normal. The focused lumbar examination revealed tenderness to palpation to the bilateral paravertebral area at the L4-S1 levels. Range of motion was measured at 40 degrees of flexion and 15 degrees of extension, both limited due to pain. The flexor and extensor strength were unchanged from the prior examination. The lower extremity reflexes were normal. A seated straight leg raise was negative. The injured worker was evaluated on 04/03/2014 for neck pain with radiation down the right upper extremity, and low back pain with radiation down the bilateral lower extremities that was aggravated by activity and walking and was rated as 3/10 with medication and 5/10 without medication. The pain was reported to be unchanged since the last visit. The focused cervical examination revealed a slightly limited range of motion due to pain and was otherwise normal. The focused lumbar examination revealed tenderness to palpation to the bilateral paravertebral area at the L4-S1 levels. Range of motion was measured at 40 degrees of flexion and 15 degrees of extension, both limited due to pain. The flexor and extensor strength were unchanged from the prior examination. The lower extremity reflexes were normal. A seated straight leg raise was

negative. The treatment plan included continuation of acupuncture and medications. The injured worker's medications included ketoprofen, Tramadol ER, vitamin D, and Restone. The request was for Acupuncture one to two times a week for two weeks for the leg radiculopathy and the lower back. The request for authorization form was submitted on 12/03/2013.

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

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

**Acupuncture one to two times a week for two weeks: Upheld**

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

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

**Decision rationale:** The request for Acupuncture one to two times a week for two weeks is not medically necessary. The injured worker complained of neck pain with radiation down the right upper extremity, and low back pain with radiation down the bilateral lower extremities that was aggravated by activity and walking and was rated 3/10 with medication and 5/10 without medication. The California MTUS Acupuncture Guidelines recommend the continuation of acupuncture if functional improvement is documented. The time to produce functional improvement is 3-6 treatments and optimum duration of acupuncture treatment is 1-2 months. The provided documentation did not indicate when the injured worker's acupuncture therapy started but was mentioned as early as 11/27/2013. The number of acupuncture sessions and the period of time the sessions occurred are unclear. The injured worker's reports of pain and physical examination were unchanged from 01/23/2014 to 04/03/2014. No documentation of significant functional improvement was provided. Therefore, the request for Acupuncture one to two times a week for two weeks is not medically necessary.