

<b>Case Number:</b>	CM14-0078125		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	10/04/2012
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	05/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/28/2014

### 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, has a subspecialty in Pain Medicine, Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant has a history of work injury with date of injury of 10/04/12. She had two falls the first occurring on 09/19/12 when she stepped in a hole and fell forward. She sustained injuries to the left upper and lower extremity and low back. She fell forward a second time on 10/04/12 also after stepping in a hole, now injuring the right side. Treatments included physical therapy and medications. Medications referenced include Celebrex 200 mg per day and Tylenol with codeine. She continues to be treated for chronic widespread musculoskeletal pain. She has not returned to work. On 01/07/14 pain was rated at 8/10. She was using a TENS unit. Physical examination findings included bilateral shoulder tenderness and lumbar spine tenderness. There was tenderness of both knees. On 02/05/14 treatments referenced include chiropractic care and acupuncture with benefit. On 03/05/14 she was having neck, shoulder, and low back pain. Imaging results were reviewed. Physical examination findings included shoulder impingement and generalized cervical and thoracic and lumbar tenderness. There was restriction with straight leg raising and a slightly antalgic gait. The note references a poor prognosis. On 04/02/14 there is reference to a good response to six acupuncture treatment sessions. She had decided against injections or surgery. She was continued at temporary total disability. On 05/21/14 she was having neck, mid back, low back, bilateral knee, and bilateral elbow pain and occasional right knee swelling. Physical examination findings included decreased and painful lumbar spine and cervical spine range of motion with tenderness and thoracic paraspinal muscle spasm. There was bilateral knee swelling and tenderness. She was to continue use of a TENS unit and continue the acupuncture treatments. Diagnoses were multilevel discogenic disease with chronic low back pain, cervical radiculopathy, and a chronic cervical spine sprain/strain.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture twice weekly to cervical, thoracic, lumbar #12:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 68.

**Decision rationale:** The claimant is nearly 2 years status post work-related injury and continues to be treated for widespread pain including chronic neck and low back pain. Guidelines recommend acupuncture as an option when pain medication is reduced or not tolerated or as an adjunct to physical rehabilitation with up to 6 treatments 1 to 3 times per week with extension of treatment if functional improvement is documented. In this case, the claimant had already received the recommended number of treatments without demonstration of either a clinically significant improvement in activities of daily living or a reduction in work restrictions. There is no reference to either medication intolerance or medication reduction. Acupuncture would be a passive rather than active treatment and there was no plan for combining the requested acupuncture treatments with rehabilitative efforts. Therefore, the requested acupuncture twice weekly to the cervical, thoracic, and lumbar areas #12 was not medically necessary.