

<b>Case Number:</b>	CM14-0127373		
<b>Date Assigned:</b>	08/15/2014	<b>Date of Injury:</b>	01/22/2012
<b>Decision Date:</b>	04/21/2015	<b>UR Denial Date:</b>	08/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/12/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Chiropractor, Oriental Medicine

### 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 female who sustained an industrial injury on 1/22/12. She has reported back injury. The diagnoses have included lumbar spondylolisthesis with bilateral lower extremity radiculopathy. Treatment to date has included medications, diagnostics, and surgery and post operative physical therapy. Surgery included post lateral lumbar fusion on 9/26/13 and anterior lumbar interbody fusion on 1/16/14. Currently, as per the physician progress note dated 7/21/14, the injured worker complains of low back pain with bilateral extremity numbness and tingling and neck pain with bilateral upper extremity numbness and tingling. The current medications included Norco, Sonata, Ultracin topical and Neurontin. She stated that the pain without medications was 8-9/10 on pain scale. Physical exam revealed tenderness to palpation and spasm at the bilateral lumbar paravertebral muscles and sacroiliac joint, positive straight leg raise bilaterally, positive Kemp's test on the bilateral lower extremities, reduced lumbar range of motion, positive compression test and distraction test in the cervical spine, tenderness to palpation with muscle guarding in the cervical and trapezius muscles with decreased cervical range of motion. Work status was temporary totally disabled. The Treatment Plan included acupuncture 2 times a week for 3 weeks and continue Home Exercise Program (HEP).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 Sessions of Acupuncture:** Upheld

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

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

**Decision rationale:** Patient has been authorized prior acupuncture treatment. Provider requested additional 6 acupuncture sessions which were non-certified by the utilization review. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Additional visits may be rendered if the patient has documented objective functional improvement. Per MTUS guidelines, Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam or decrease in medication intake. Per review of evidence and guidelines, 6 acupuncture treatments are not medically necessary.