

<b>Case Number:</b>	CM14-0218164		
<b>Date Assigned:</b>	01/07/2015	<b>Date of Injury:</b>	04/30/2009
<b>Decision Date:</b>	03/17/2015	<b>UR Denial Date:</b>	12/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/29/2014

### 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:

This is a 50 year old male with a work related injury dated 05/27/2009. Mechanism of injury was not noted in received medical records or in Utilization Review report. According to a primary physician's progress report dated 11/18/2014, the injured worker presented with complaints of continued sharp, intermittent back pain which he described as level 7 out of 10 pain level which flared up yesterday. He also complained of dull achy neck pain. Diagnoses included cervical strain, cervical spine degenerative disc disease, multi level disc herniations of the cervical spine, radiculitis left upper extremity, resolved bilateral shoulder impingement syndrome, bilateral shoulder AC joint synovitis, rule out carpal tunnel syndrome, low back pain, herniated discs lumbar spine, and radiculitis left lower extremity L4 nerve root distribution. Treatments and diagnostic testing reports were not included in the received medical records. Work status is noted as permanent and stationary. On 12/10/2014, Utilization Review non-certified the request for Acupuncture x 6 sessions for the Lumbar Spine citing Medical Treatment Utilization Schedule Acupuncture Medical Treatment Guidelines. The Utilization Review physician stated the injured worker is noted to have a flare-up of radiating pain, decreased reflexes, decreased sensation, and decreased strength. The provider notes that medications, epidural steroid injection, and psychological care are being considered and the injured worker was treated with acupuncture in the past with noted relief. However, there is limited documentation submitted outlining measurable clinical gains and timing of prior care. Therefore, the Utilization Review decision was appealed for an Independent Medical Review.

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

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

**Acupuncture x 6 sessions, lumbar spine:** Upheld

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

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

**Decision rationale:** According to evidenced based guidelines, further acupuncture after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. The claimant has had prior acupuncture of unknown quantity and duration and had mild subjective benefits. However, the provider fails to document objective functional improvement associated with acupuncture treatment. Therefore further acupuncture is not medically necessary.