

<b>Case Number:</b>	CM15-0005281		
<b>Date Assigned:</b>	01/16/2015	<b>Date of Injury:</b>	01/20/1993
<b>Decision Date:</b>	03/16/2015	<b>UR Denial Date:</b>	12/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2015

### 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 a 41 year old male who sustained an industrial injury on 01/20/1993. The injured worker continues to complain of ongoing debilitating pain in his neck with radicular and neuropathic symptoms in his upper extremities bilaterally as well as associated cervicogenic headaches. Diagnoses include lumbar myoligamentous injury with large 7mm left paracentral disc protrusion at L4-5 and L5-S1 with bilateral lower extremity radiculopathy, left greater than right, status post bilateral brachial plexus decompression, bilateral upper extremity sympathetically mediated pain, status post five peripheral nerve decompressions of the upper extremities, status post anterior cervical disc fusion C4-5 and C5-6 in 1997. A physician progress note dated 11/25/2014 documents the injured worker has pain, tenderness, and palpable trigger points and decreased range of motion to the cervical spine, and the lumbar spine has pain, tenderness and decreased range of motion. He has decreased sensation along the posterolateral thigh and calf bilaterally. He has positive straight-leg raise in the modified sitting position to about 60 degrees bilaterally, which produces radicular pain. The injured worker has decreased sensation along the posterolateral aspect of the arms and forearms bilaterally with decreased grip strength on the left. Treatment to date has included medications, acupuncture, physical therapy, and spinal cord stimulator. The treating physician is requesting 10 sessions of Acupuncture for the cervical and lumbar spine. On 12/13/2014 the Utilization Review non certified the request for 10 sessions of Acupuncture for the cervical and lumbar spine citing California Medical Treatment Utilization Schedule (MTUS)-Acupuncture Medical Treatment Guidelines.

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

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

**10 sessions of Acupuncture for the cervical and lumbar spine:** Upheld

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

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

**Decision rationale:** Patient has had prior acupuncture treatment. Provider requested additional 10 acupuncture sessions for cervical and lumbar spine which were non-certified by the utilization review. There is lack of evidence that prior acupuncture care was of any functional benefit. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. 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. Requested visits exceed the quantity supported by cited guidelines. Per review of evidence and guidelines, 10 acupuncture treatments are not medically necessary.