

<b>Case Number:</b>	CM15-0130617		
<b>Date Assigned:</b>	07/17/2015	<b>Date of Injury:</b>	05/23/2013
<b>Decision Date:</b>	08/25/2015	<b>UR Denial Date:</b>	06/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2015

### 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 33-year-old male who sustained an industrial injury on 05/23/2013. Mechanism of injury occurred while lifting a generator off a truck with a co-worker, he felt a pop in his back and his right leg went out from underneath him. Diagnoses include lumbar spinal canal stenosis and neural foraminal narrowing, lumbar radiculopathy and lumbar spine sprain and strain. He reports three prior auto accidents but no long-term effect. There has been no other work related injuries. Treatment to date has included diagnostic studies, medications, 12 acupuncture sessions, 27 chiropractic sessions, and 19 physical therapy sessions. His current medications include Ibuprofen, Sombra ointment, pain terminator cream and medical Cannabis. An unofficial Magnetic Resonance Imaging of the lumbar spine done on 10/05/2013 showed degenerative disc disease and facet arthropathy with retrolisthesis at L4-L5 and L5-S1. Canal stenosis includes L4-L5 mild to moderate canal stenosis. Neural foraminal narrowing includes L3-L4 caudal left; L4-L5 mild to moderate left; moderate right; and L5-S1 moderate bilateral neural foraminal narrowing. Dextroscoliosis is suggested. A physician progress note dated 05/08/2015 documents the injured worker has chronic neck and low back pain. He has an antalgic gait. Since his last visit, his pain has become severe. He describes his neck pain as an aching pain, which he rates as 2 out of 10 on the pain scale. He does not have radiation of pain, numbness, weakness or tingling into his bilateral upper extremities. His mid back is an aching pain, which he rates as 5-6 out of 10 on the pain scale. His low back pain is aching with associated cramping. He has occasional radiation of burning pain down the posterior aspect of his right lower extremity. There is no radiation of pain, numbness, weakness or tingling into his

left lower extremity. He rates this pain as 8 out of 10. The physician is requesting the patient's cervical spine be added to his claim as an industrial injury. The injured worker has been complaining of neck pain since the beginning, however, since his low back has been his main complaint his neck was never addressed. He wishes to pursue treatment for the cervical spine. The treatment plan includes a thoracic spine Magnetic Resonance Imaging, cervical spine is to be added to the claim as an accepted body part, lumbar spine Magnetic Resonance Imaging, he is to follow up with pain management, chiropractic physiotherapy 2 times per week for the cervical, thoracic and lumbar spine. Treatment requested is for 8 acupuncture sessions for the lumbar spine. Six acupuncture sessions were approved on 6/3/15.

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

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

#### **8 acupuncture sessions for the 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 visits with functional improvement. Six further visits were approved on 6/3/15. However, the provider fails to document objective functional improvement associated with the completion of the six additional certified acupuncture visits. If the visits were never completed, the provider must document that the claimant did not have further visits. Therefore, further acupuncture is not medically necessary as requested at this time.