

<b>Case Number:</b>	CM15-0132184		
<b>Date Assigned:</b>	08/19/2015	<b>Date of Injury:</b>	12/13/1982
<b>Decision Date:</b>	09/15/2015	<b>UR Denial Date:</b>	06/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/08/2015

### 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: Physical Medicine & Rehabilitation

### 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 57 year old male, who sustained an industrial injury on December 13, 1982. The initial symptoms reported by the injured worker are unknown. The injured worker was currently diagnosed as having cervical radiculopathy, lumbar radiculopathy and status post left knee surgery. Treatment to date has included diagnostic studies, surgery, exercise, acupuncture, physical therapy and medication. Acupuncture treatment was noted to help. On July 13, 2015, the injured worker complained of cervical and lumbar spine radiculopathy with radiation to the bilateral lower extremities. Physical examination of the cervical spine showed range of motion as flexion 30 degrees and extension 25 degrees. Spasm was noted in the lumbar spine. Straight leg raising test was positive. The treatment plan included acupuncture treatment two times a week for four weeks. On June 24, 2015, Utilization Review non-certified the request for six acupuncture treatments for the cervical lumbar spine, citing California MTUS Guidelines and alternate guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture for Cervical/Lumbar Spine, 6 sessions: Upheld**

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

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

**Decision rationale:** The patient has completed previous acupuncture therapy without functional improvement. There are no clear specific documented goals or objective measures to identify for improvement with a functional restoration approach for this chronic 1982 injury with ongoing chronic pain complaints. MTUS, Acupuncture Guidelines recommend initial trial of conjunctive acupuncture visit of 3 to 6 treatment with further consideration upon evidence of objective functional improvement. It is unclear how many acupuncture sessions the patient has received for this chronic injury nor what specific functional benefit if any were derived from treatment. Submitted reports have not demonstrated functional improvement or medical indication to support for additional acupuncture sessions. There are no specific objective changes in clinical findings, no report of acute flare-up or new injuries, nor is there any decrease in medication usage from conservative treatments already rendered. The Acupuncture for Cervical/Lumbar Spine, 6 sessions is not medically necessary.