

<b>Case Number:</b>	CM15-0135254		
<b>Date Assigned:</b>	07/23/2015	<b>Date of Injury:</b>	03/09/2012
<b>Decision Date:</b>	08/25/2015	<b>UR Denial Date:</b>	07/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/13/2015

### 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 (IW) is a 63-year-old female who sustained an industrial injury on 03/09/2012. She reported back pain after slipping on a wet floor and falling backwards. The injured worker was diagnosed as having lumbar disc with radiculitis, degeneration of lumbar disc, and low back pain. Treatment to date has included chiropractic care, infrared therapy and manual therapy, medications, and acupuncture. A MRI of the lumbar spine showed a disc bulge and facet arthropathy at L4-5, L5-S1, and a disc bulge at L3-4. An electromyogram /nerve conduction velocity study of 05/22/2014 showed right S1 radiculopathy. An EMG/NCS on 03/05/2013 was normal. Currently, the injured worker complains of Pain across the back with radiation to posterolateral dermatomes of the right lower extremity with tingling/numbness, weakness. The worker denies bowel or bladder incontinence. On examination, she has limitation of range of motion in all planes of the lumbar spine due to pain. Motor strength is unimpaired in the bilateral lower extremities. Sensation is normal to light touch, pinprick and temperature change in all dermatomes of the bilateral lower extremities except right L4, 5, S1 to PP. There is bilateral tenderness to palpation L4-5 and L5-S1. Her medications include Dendracin neurodendracin lotion, Flector Patch, escitalopram, Tylenol, ibandronate, Metformin, and Cephalexin. She states her pain impairs her ability to perform household chores, drive, walk, and run. She has difficulty concentrating, is depressed and anxious, and the pain affects her mood/sleep and relationships. Acupuncture gave greater than 50% relief that lasted for a few days at a time. Chiropractic care treatments gave transient relief. Trigger point injections given in the physician's office did not help. Physical therapy did not help. She is post-diagnostic right

L3-4 MBB (medial branch block) and reports 100 % pain relief for two days. The treatment plan is for continuation of current medication, engagement in a home exercise program, recommendation of a radiofrequency ablation of the right L3, 4, 5, and continuation of acupuncture x 6 sessions, per an acupuncture report dated 1/21/15, the claimant has had six acupuncture treatments. The claimant reports relief of pain and able to decrease pain medications. She is also able to stand longer, sleep better, and walk up stairs without pain. Six further acupuncture treatments were approved on 1/27/15. A request for authorization was made for Acupuncture 6 sessions lumbar spine.

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

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

**Acupuncture 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 six prior acupuncture visits with functional improvement. Six further visits were approved. 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.