

<b>Case Number:</b>	CM15-0143638		
<b>Date Assigned:</b>	08/04/2015	<b>Date of Injury:</b>	12/21/2012
<b>Decision Date:</b>	09/09/2015	<b>UR Denial Date:</b>	07/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2015

### 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 58 year old male who sustained an industrial injury on 12-21-12 when a ladder fell on him causing him to land on his back. He suffered injuries to his back, neck, chest, face and left knee. He was medically evaluate and had x-rays of his thoracic and bilateral ribs and no abnormality was found. He returned to work with over the counter pain medications. He currently complains of neck pain with a pain level of 6 out of 10; low back pain with a pain level of 3-4 out of 10. On physical exam of the cervical spine there was mild decrease in range of motion due to pain, moderate tenderness on palpation; there was mild tenderness in the low back with decreased range of motion; the thoracic spine revealed decreased range of motion and mild tenderness on palpation. Note dated 11-7-14 reports decreased pain with acupuncture. Medications were tramadol, Flexeril, diclofenac. Diagnoses include sprain of the back; contusion, chest wall; lumbosacral sprain; neck sprain; sprain of the thoracic region; chronic pain; sprain left sacroiliac region. Treatments to date include acupuncture with 50% decrease in pain after six sessions; chiropractic treatments; physical therapy; medications; transcutaneous electrical nerve stimulator unit providing 50% reduction of pain; home exercise program. Diagnostics include MRI of lumbar spine (3-19-15) showing disc bulge; x-rays of the chest, lumbar and thoracic spine were normal; lumbar spine x-ray (10-14-13) showed mild anterior wedge compression fracture in L3 which was not found on latest MRI (per 6-29-15 note). In the progress note dated 6-25-15 the treating provider's plan of care includes a request for 6 sessions of acupuncture for the neck.

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

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

**Six acupuncture sessions:** Overturned

**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 6 acupuncture sessions which were non-certified by the utilization review. Per Acupuncture notes dated 06/19/15, patient is able to do house work and yard work with more ease and pain is no longer constant since starting acupuncture. Medical reports reveal evidence of changes and improvement in findings, revealing a patient who has 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. Per review of evidence and guidelines, the request for 6 acupuncture treatments is medically necessary.