

<b>Case Number:</b>	CM15-0145256		
<b>Date Assigned:</b>	08/06/2015	<b>Date of Injury:</b>	05/26/2012
<b>Decision Date:</b>	09/09/2015	<b>UR Denial Date:</b>	07/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/27/2015

### 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 40-year-old female who sustained an industrial injury on 05-26-2012. There was no mechanism of injury documented. The injured worker was diagnosed with cervicgia, thoracic or lumbosacral neuritis or radiculitis not otherwise specified and thoracic sprain and strain. No surgical interventions were documented. Treatment to date has included diagnostic testing, acupuncture therapy (8 sessions completed), physical therapy and medications. According to the primary treating physician's progress report on July 6, 2015, the injured worker continues to experience lower back with right lower extremity pain and neck and right shoulder pain. The injured worker rates her pain at 5 out of 10 on the pain scale. The injured worker also reports heartburn, depression, crying episodes and fatigue. Examination of the cervical spine demonstrated restricted range of motion and tenderness of the paravertebral muscles on the right side. The thoracic spine was tender at the 4th through the 9th costochondral joints. The lumbar spine examination demonstrated extension was limited by pain to 10 degrees with normal flexion and bilateral lateral rotation. There was tenderness to palpation of the right paravertebral muscles. No spinous process tenderness was noted and straight leg raise was negative bilaterally. Motor strength was decreased to 4 out of 5 in the right upper and right lower extremity with sensation to light touch decreased over the medial and lateral calf and thigh of the right lower extremity. The injured worker had a normal gait. Urine drug screening was performed at the office visit. Current medications are listed as Norco 5mg-325mg, Gabapentin and Pantoprazole. The injured worker remains on temporary total disability (TTD). Treatment

plan consists of continuing medication regimen, lumbar brace, schedule cognitive behavioral therapy (CBT) sessions and additional acupuncture therapy for the lumbar spine.

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

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

**Acupuncture for the lumbar spine, 6 visits:** 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 of and had subjective benefits. However, the provider fails to document measurable objective functional improvement associated with acupuncture treatment. Therefore, further acupuncture is not medically necessary.