

<b>Case Number:</b>	CM15-0145334		
<b>Date Assigned:</b>	08/06/2015	<b>Date of Injury:</b>	10/22/2013
<b>Decision Date:</b>	09/23/2015	<b>UR Denial Date:</b>	07/16/2015
<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 52 year old female who sustained an industrial injury on 10-22-2013. Mechanism of injury occurred when she was pulling heavy carts injuring her lower back. She had other industrial injuries on 05-14-2013 when she injured her right foot and ankle when a heavy cart she was pulling struck her ankle. On 07-12-2012 she injured her lower back while lifting a heavy box. Diagnoses include lumbar disc herniation, sciatica, sleep disorder and depressive disorder. Treatment to date has included diagnostic studies, medications, S1 joint injection, acupuncture, chiropractic sessions, psyche evaluation, and physical therapy. On 03-20-2015 a Magnetic Resonance Imaging of the lumbar spine showed L2-L3 dehiscence of the nucleus pulposus with a 4mm posterior protrusion indenting the anterior portion of the lumbosacral sac. There is a 2mm disc bulge at L4-5, indenting the anterior portion of the lumbosacral sac. There is a 2mm disc bulge at L5-S1 indenting the anterior portion of the lumbosacral sac causing minimal decrease in the AP sagittal diameter of the lumbosacral canal. A physician progress note dated 06-29-2015 documents the injured worker complains of constant lower back pain described as pulsating, pins and needles, and it is increased with activities. There is tenderness to palpation with limited painful range of motion and positive orthopedic evaluation to the lumbar spine. There is decreased sensory at L5-S1 on the right. There is bilateral myospasm at L3-L5, and palpable pain along course to bilateral sciatic nerve. Her right knee has full range of motion with pain at end range of motion. There is tenderness to palpation at the posterior and medial joint line with a positive McMurray's. The treatment plan includes Chiropractic therapy, spinal shockwave-lumbar, Occupational Medication evaluation and treatment, an Orthopedic evaluation and treatment (report pending), and a Pain

Management evaluation and treatment for bilateral S1 joint injections. Treatment requested is for Acupuncture x 6. Per a PR-2 dated 3/1/0/2015, the claimant is requesting stronger meds and is to continue physical therapy and acupuncture.

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

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

**Acupuncture x 6:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**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 unknown quantity and duration with no documented benefits. Since the provider fails to document objective functional improvement associated with prior acupuncture treatment, further acupuncture is not medically necessary.