

<b>Case Number:</b>	CM15-0146900		
<b>Date Assigned:</b>	08/07/2015	<b>Date of Injury:</b>	05/16/2013
<b>Decision Date:</b>	09/08/2015	<b>UR Denial Date:</b>	07/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2015

### 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, Pain Management

### 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 43 year old female with an industrial injury dated 05-16-2013. Her diagnoses included lumbar disc displacement without myelopathy, sciatica and degeneration lumbar lumbosacral disease. Prior treatments included functional restoration program, thumb spica splint, cane, walker, motorized scooter, and diagnostics to include EMG and MRI and medications. Past medical history included bronchitis, depression ("she reports suicidal ideation."), psychiatric disease and eczema. She presented on 01-06-2015 for follow -up of low back pain. She had developed pain in right wrist secondary to DeQuervains tenosynovitis from using her straight cane in the hand. Physical exam noted no acute distress. She walked with antalgic gait. The provider documents: "She also developed pain in the right wrist at the base of the thumb due to using her cane in this hand. She is status post-right DeQuervains tenosynovitis on 05-13-2014 without benefit. We had requested hand therapy times 6 sessions which was authorized." The provider also documents the injured worker was evaluated for her low back instead of right hand. She also tried acupuncture for her hand -wrist pain without significant relief. The treatment request for physical therapy for the right hand, six sessions was authorized. The treatment request for review is for acupuncture of the low back, six sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture of the low back, six sessions:** Overturned

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

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

**Decision rationale:** Regarding the request for acupuncture, California MTUS does support the use of acupuncture for chronic pain. Acupuncture is recommended to be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Additional use is supported when there is functional improvement documented, which is defined as "either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment." A trial of up to 6 sessions is recommended, with up to 24 total sessions supported when there is ongoing evidence of functional improvement. Within the documentation available for review, it appears that the patient has tried acupuncture for the wrist, but not for the low back. A trial of acupuncture is supported in the management of chronic pain. As such, the currently requested acupuncture is medically necessary.