

<b>Case Number:</b>	CM15-0164689		
<b>Date Assigned:</b>	09/02/2015	<b>Date of Injury:</b>	02/11/2014
<b>Decision Date:</b>	10/14/2015	<b>UR Denial Date:</b>	08/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/21/2015

### 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: 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 57 year old male, who sustained an industrial injury on February 11, 2014, resulting in pain or injury to the right hip, right buttock, and upper leg. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar sprain-strain, lumbosacral sprain-strain, and displacement of lumbar intervertebral disc without myelopathy, pain in joint pelvis and thigh, and lumbar sciatica. On July 20, 2015, the injured worker reported pain in the right posterior hip-low back with radiation into the right flank that would radiate into the lateral right hip and thigh, with depression and a history of sleep disturbance. The Treating Physician's report dated July 20, 2015, noted the injured worker with spasm and guarding in the lumbar spine with negative straight leg raise. The injured worker's current medications were listed as Diclofenac cream and Nabumetone-Relafen. The injured worker was noted to have not received any previous acupuncture treatment with the Physician recommending a trial of acupuncture to see if it would help with some of his pain. The Treating Physician's report dated June 24, 2015, noted the injured worker with back pain and right sided buttock pain with spasm and guarding noted in the lumbar spine. Prior treatments have included at least 6 sessions of physical therapy, chiropractic treatments from January to March 2015, and medications. The request for authorization dated August 6, 2015, requested acupuncture for the right lower extremity-right hip 2 times per week for 6 weeks. The Utilization Review (UR) dated August 10, 2015, modified the request to approve acupuncture for right lower extremity-right hip for 6 sessions.

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

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

**Acupuncture for right lower extremity/right hip 2 times per week for 6 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**Decision rationale:** In reviewing the records available, it does not appear that the patient underwent a prior acupuncture trial. As the patient continued symptomatic despite previous care (physical therapy, oral medication, chiropractic care, work modifications and self care, among others) an acupuncture trial for pain management and function improvement would have been reasonable and supported by the MTUS (guidelines). The guidelines note that the amount to produce functional improvement is 3 to 6 treatments. The same guidelines could support additional care based on the functional improvement(s) obtained with the trial. As the primary care physician requested an initial 12 acupuncture sessions, which is exceeding the number recommended by the guidelines without current extenuating circumstances documented, the request is seen as excessive, and is not medically necessary.