

<b>Case Number:</b>	CM15-0166105		
<b>Date Assigned:</b>	09/11/2015	<b>Date of Injury:</b>	03/22/2013
<b>Decision Date:</b>	10/13/2015	<b>UR Denial Date:</b>	07/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/24/2015

### 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 44 year old male, who sustained an industrial injury on March 22, 2013. The injured worker reported slipping and falling while carrying a box causing him to fall leading to subsequent injury to the neck, back, and right ankle. The injured worker was diagnosed as having lumbar radiculitis, status post right ankle surgery, tendinitis and tenosynovitis of the right ankle, lumbago, and cervicgia. Treatment and diagnostic studies to date has included laboratory studies, medication regimen, magnetic resonance imaging of the lumbar spine, physical therapy, and above noted procedure. In a progress note dated July 06, 2015 the treating physician reports complaints of intermittent, cutting, shooting pain to the mid back, low back, and the right ankle that radiates to the bilateral lower extremities. The injured worker also has complaints of tingling to the left arm and bilateral legs, numbness and tingling to the left arm, weakness to the bilateral hands, coldness, swelling, sweating, and abnormal skin changes. Examination reveals tenderness to the cervical paraspinal muscles and the superior trapezius muscle, decreased range of motion to the lumbar spine, tenderness to the bilateral lumbar paraspinal muscles, increased pain with piriformis stretching, tenderness to the right lateral malleolus of the right ankle, and decreased range of motion to the right ankle. The injured worker's average pain level was rated a 7 on a scale of 0 to 10 within the last week prior to the examination on June 08, 2015. On July 06, 2015 the treating physician requested nine sessions of acupuncture, but the documentation provided did not indicate the specific reason for the requested treatment. The medical records provided contained multiple requests for nine sessions of acupuncture in April and June of 2015, but the medical records provided did not contain any

documentation of prior acupuncture performed. On July 31, 2015 the Utilization Review determined the request for nine sessions of acupuncture was noncertified. The claimant had a prior trial of six authorized.

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

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

**9 sessions of acupuncture:** Upheld

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

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

**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 trial authorized. However, the provider fails to document objective functional improvement associated with the completion of the certified acupuncture trial. If this is a request for an initial trial, 9 visits exceeds the recommended guidelines for an initial trial. Therefore further acupuncture is not medically necessary.