

<b>Case Number:</b>	CM15-0169457		
<b>Date Assigned:</b>	09/10/2015	<b>Date of Injury:</b>	06/26/2004
<b>Decision Date:</b>	10/13/2015	<b>UR Denial Date:</b>	08/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2015

### 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: 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 June 26, 2004. Diagnoses are documented as chronic intractable low back pain secondary to lumbosacral degenerative disc disease; kyphoscoliosis; status post thoracolumbar fusion-staged January 30, 2007 and February 1, 2007; severe neuropathic pain; severe myofascial pain; depression; chronic pain syndrome. According to a primary treating physician's progress report, dated July 29, 2015, the injured worker presented for follow-up for chronic low and mid back pain. She reports good and bad days with relief from acupuncture, Soma, and Cymbalta. She recently bumped her head on a tree, which exacerbated her neck pain. There is no aberrant behavior noted from medication and she reports she is able to do house work and sit without pain, and gets her best benefit from acupuncture. Objective findings included; ambulates without assistive device; moves slowly with transfers, using upper extremities to assist and appears stiff with movement; tenderness to palpation on thoracic and lumbar paraspinals; lumbar range of motion is limited; lower extremity strength is 5 out of 5. Treatment plan included to continue with Cymbalta, Soma and Lidoderm patches, no prescriptions required, encouraged healthy lifestyle and therapeutic exercise. At issue, is a request for authorization, dated August 18, 2015, for 12 acupuncture treatments for the management of chronic low back pain. Per a note dated 8/13/15, the claimant is having her last acupuncture visit out of 12 sessions. She had relief for 4-5 days after her last visit. She had at least six sessions of acupuncture in 2013 and eight in 2014. According to utilization performed August 24, 2015, the request for acupuncture treatments x 12 sessions for the management of chronic low back pain as an outpatient between 8-20-2015 and 10-4-2015, are non-certified.

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

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

**12 acupuncture treatments for management of chronic low back pain:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004.

**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 extensive acupuncture of unknown quantity and duration and had subjective benefits. However, the provider fails to document objective functional improvement associated with acupuncture treatment. Therefore further acupuncture is not medically necessary.