

<b>Case Number:</b>	CM15-0180189		
<b>Date Assigned:</b>	09/22/2015	<b>Date of Injury:</b>	05/01/2014
<b>Decision Date:</b>	10/29/2015	<b>UR Denial Date:</b>	08/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/14/2015

### 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 34 year old male who sustained an industrial injury from a rear-end motor vehicle accident. He is currently not working. Diagnoses include lumbar spine sprain, strain, rule out herniated lumbar disc with left L5 radiculopathy; thoracic and cervical sprain, strain; gastritis; insomnia. He currently (8-10-15) complains of pain in the lumbar spine radiating to the legs left greater than right with numbness and tingling; headaches; anxiety; depression. His pain level was 6 out of 10. His pain level was 7-8 out of 10 (4-6-14 progress note). He has sleep difficulties due to pain. On physical exam of the lumbar spine there was tenderness to palpation with spasms and tightness, decreased range of motion, positive straight leg raise left greater than right with pain in the L5-S1 dermatome distribution. He is able to perform activities of daily living and use less medication with acupuncture treatments. Diagnostics include electro-myography (6-12-14) of bilateral lower extremities showing L5 radiculopathy; MRI of the lumbar spine (7-17-15) showing L4-5 bilateral neural foraminal narrowing and nerve root compromise secondary to disc protrusion. Treatments to date include acupuncture with benefit; medication: Norco, Anaprox, Prilosec, Ultram, Xanax, Flexeril; rest; brace; transcutaneous electrical nerve stimulator unit; physical therapy with no relief. In the progress note dated 7-13-15 the treating provider's plan of care included a request to continue acupuncture twice per week for the next six weeks focusing on the lumbar spine to decrease pain and restore function. The request for authorization to continue acupuncture was not present. There was a request for authorization to start acupuncture twice per week for six weeks dated 4-6-15. On 8-12-15 utilization review evaluated and non-certified the request for acupuncture twice per week for six

weeks based on exceeded recommended guidelines. The guidelines recommend 12 visits and the injured worker has already had six, so an additional twelve would exceed guidelines. Per a Pr-2 dated 7/13/15, the provider states that acupuncture treatment helps with the pain and he is able to perform activities of daily living with less use of medications.

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

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

**Acupuncture, 2 times wkly for 6 wks, 12 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment 2007.  
Decision based on Non-MTUS Citation Official Disability Guidelines: Pain (Chronic) - Acupuncture.

**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 with benefits. However, the provider fails to document objective functional improvement associated with acupuncture treatment. Work restrictions remain the same. Therefore further acupuncture is not medically necessary.