

<b>Case Number:</b>	CM15-0180441		
<b>Date Assigned:</b>	09/22/2015	<b>Date of Injury:</b>	09/06/2012
<b>Decision Date:</b>	10/29/2015	<b>UR Denial Date:</b>	09/03/2015
<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, Montana

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 46 year old male, who sustained an industrial injury on 09-06-2012. He has reported injury to the neck, bilateral wrists, and low back. The injured worker has been treated for cervical spine sprain-strain; cervical spine radiculitis; bilateral wrist sprain-strain; adult lytic spondylolisthesis, L5-S1; degenerative disc disease with spinal stenosis at L4-5; large annular tear at L4-5; L5 radiculopathy; and sciatica. Treatment to date has included medications, diagnostics, acupuncture, physical therapy, home exercise program, and surgical intervention. Surgical intervention has included L4-S1 anterior lumbar interbody fusion, on 05-18-2015. A progress report from the treating physician, dated 08-05-2015, documented a follow-up visit with the injured worker. The injured worker reported pain in the low back; he has got a "clunking" when he does movement in the low back; and he has pain around the umbilicus from the surgical site. Objective findings included there is tenderness at C4-C5 and associated paraspinal muscles; there is positive Spurling's test bilaterally; there is tenderness in the upper trapezius and levator scapulae; there is pain with range of motion; exam of the wrists and hands reveals positive Tinel's sign and Phalen test over the carpal tunnel region; there is tenderness in the lumbar spine L3 through L5 and associated paraspinals, pain on the left more so; there is movement or clunking; there is tenderness in the umbilicus on the left side; there is a hard scar tissue; and there is a lump to the left of the surgical site of the umbilicus with tenderness. The treatment plan has included the request for acupuncture for the cervical spine, lumbar spine, and bilateral wrists 6 visits. The original utilization review, dated 09-01-2015, non-certified a request for acupuncture for the cervical spine, lumbar spine, and bilateral wrists 6 visits.

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

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

**Acupuncture for the Cervical Spine, Lumbar Spine and Bilateral Wrists 6 Visits:** Upheld

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

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

**Decision rationale:** Patient has had prior acupuncture treatment. Provider requested additional 6 acupuncture sessions for cervical, lumbar, and bilateral wrists which were non-certified by the utilization review. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Per MTUS guidelines, Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam or decrease in medication intake. Per review of evidence and guidelines, additional 6 acupuncture treatments are not medically necessary.