

<b>Case Number:</b>	CM15-0180942		
<b>Date Assigned:</b>	09/22/2015	<b>Date of Injury:</b>	05/09/2012
<b>Decision Date:</b>	11/02/2015	<b>UR Denial Date:</b>	08/18/2015
<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:

This injured worker is a 55 year old female who reported an industrial injury on 5-9-2012. Her diagnoses, and or impressions, were noted to include: lumbar radiculopathy. No current electrodiagnostic studies or imaging studies were noted. Her treatments were noted to include: a panel qualified medical evaluation on 5-5-2015; an agreed medical evaluation on 2-5-2015; medical-legal supplemental report on 7-3-2015; electrodiagnostic studies of the lower extremities (2012); magnetic resonance imaging studies lumbar spine (2012 & 1-6-14) . The progress notes of 8-11-2015 reported a follow-up evaluation for complaints which included: an acute exacerbation of lumbar pain that was intolerable, sending her to the Emergency Room for a Cortisone injection; the continuation of significant pain that radiated down her left lower extremity, with numbness and tingling, worsening in the left foot resulting in the inability to feel her left foot; worsened symptoms since the last electromyogram and nerve conduction studies of the bilateral lower extremities, as well as new symptoms. The objective findings were noted to include: that she was in tears due to pain; tenderness and spasms in the lumbar para-spinal muscles; reduced sensation in the bilateral feet; restricted range-of-motion; positive bilateral straight leg raise; and positive McMurray's test of the bilateral knees that were without tenderness or functional limitations. The physician's requests for treatment were noted to include ordering a short course of acupuncture for worsening and acute exacerbation of right knee and lumbar spine pain. The Request for Authorization for acupuncture treatments, 2 x a week for 3 weeks, to the left knee and lumbar spine was not noted in the medical records provided. The Utilization Review of 8-18-2015 partially-certified the request for acupuncture treatments, 2 x a

week for 3 weeks, to the left knee and lumbar spine, to 2 x a week for 3 weeks for the left knee only.

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

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

**Acupuncture 2 times a week for 3 weeks for the left knee and lumbar spine:** Overturned

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

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

**Decision rationale:** Provider requested initial trial of 6 acupuncture sessions for lumbar spine and knee which were modified to 6 acupuncture sessions for knee only by the utilization review. Per guidelines 3-6 treatments are supported for initial course of Acupuncture with evidence of functional improvement prior to consideration of additional care. Requested visits are within guidelines. The progress notes of 8-11-2015 reported a follow-up evaluation for complaints which included: an acute exacerbation of lumbar pain that was intolerable, sending her to the Emergency Room for a Cortisone injection; the continuation of significant pain that radiated down her left lower extremity, with numbness and tingling, worsening in the left foot resulting in the inability to feel her left foot; worsened symptoms since the last electromyogram and nerve conduction studies of the bilateral lower extremities, as well as new symptoms. Per guidelines and review of evidence, 6 Acupuncture visits are medically necessary.