

<b>Case Number:</b>	CM15-0182337		
<b>Date Assigned:</b>	09/23/2015	<b>Date of Injury:</b>	06/26/2010
<b>Decision Date:</b>	11/02/2015	<b>UR Denial Date:</b>	08/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2015

### 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:

This is a 36 year old male with a date of injury of June 26, 2010. A review of the medical records indicates that the injured worker is undergoing treatment for cervical facet syndrome, cervical discopathy, cervical radiculitis, lumbar discopathy, lumbar facet syndrome, lower extremity radiculopathy, and sacroiliac arthropathy. Medical records dated May 4, 2015 indicate that the injured worker complains of increased cervical and lumbar spine pain rated at a level of 7 out of 10 with medications. A progress note dated July 31, 2015 notes subjective complaints similar to those documented on May 4, 2015. The physical exam dated May 4, 2015 reveals tenderness to palpation and tightness over the upper cervical paraspinal muscles, tenderness to palpation over the occipital insertion bilaterally, decreased range of motion of the cervical spine, decreased sensation at the C3 and C4 dermatomes bilaterally, moderate tenderness with spasm over the lumbar paraspinal muscles and piriformis bilaterally, sciatic type symptoms, referred pain to the gluteus with palpation of the piriformis muscles, and decreased range of motion of the lumbar spine. The progress note dated July 31, 2015 documented a physical examination that showed no changes since the examination conducted on May 4, 2015. Treatment has included chiropractic and medications (Dilaudid since at least May of 2015). Per notes dated 8/17/15, the claimant has had 6 acupuncture visits certified in the past. The original utilization review (August 20, 2015) non-certified a request for twelve sessions of acupuncture for the lumbar spine.

### 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 6 weeks for the lumbar spine:** 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 at least 6 prior acupuncture trial authorized. However, the provider fails to document objective functional improvement associated with the completion of the certified acupuncture visits. If this is a request for an initial trial, 12 visits exceeds the recommended guidelines for an initial trial. Therefore 12 acupuncture visits are not medically necessary.