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| <b>Case Number:</b>   | CM15-0183435 |                              |            |
| <b>Date Assigned:</b> | 09/24/2015   | <b>Date of Injury:</b>       | 02/05/2015 |
| <b>Decision Date:</b> | 11/02/2015   | <b>UR Denial Date:</b>       | 08/14/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/17/2015 |

### 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 62 year old female, who sustained an industrial injury on 02-05-2015. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for cervical injury and pain, cervical strain or sprain, cervicobrachial pain, cervicocranial pain, lumbar injury and pain, lumbar strain or sprain, sciatica, and bilateral sacroiliac joint sprain. Medical records (03-02-2015) indicate ongoing neck and back pain. Cervical pain level was rated 8 out of 10 on a visual analog scale (VAS) without medications and 6.5 out of 10 with medications. The cervical pain was reported to be associated with headaches, radiating pain, tingling and numbness to the bilateral upper extremities. The lumbar pain was noted to be ongoing with pain levels ranging from 9-10 out of 10 without medications and 7 out of 10 with medications. Low back pain was described as dull and aching, and associated with radiating pain, tingling, and numbness into both lower extremities. Records also indicate no changes in activity levels or level of functioning. Per the treating physician's progress report (PR), the IW has not returned to work. The physical exam, dated 08-10-2015, revealed restricted range of motion (ROM) in the cervical spine with tenderness and spasms to palpation over the bilateral trapezii, cervical paravertebral muscles, cervicothoracic junction and sub-occipitals. The lumbar spine exam revealed restricted and painful ROM with tenderness to palpation over the bilateral sacroiliac joints, lumbar paravertebral muscles and thoracolumbar junction with spasms noted in the bilateral gluteus and lumbar paravertebral muscles. Lasegue's and Kemp's test causes pain bilaterally, Braggard's caused pain on the right, and Ely's caused pain bilaterally. Relevant treatments have included physical therapy (PT), work restrictions, and pain medications. The

progress report (08-10-2015) shows that the following therapy was requested: 12 (2x6) sessions of acupuncture for the neck and lumbar spine. The original utilization review (08-14-2015) non-certified the request for 12 (2x6) sessions of acupuncture for the neck and lumbar spine based on the lack of information as to whether previous acupuncture had been tried and lack of discussion with requesting physician. An initial acupuncture note was submitted on 7/23/15.

### **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 time 6 weeks for the neck and 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 prior acupuncture of unknown quantity and duration with no documented benefits. Since the provider fails to document objective functional improvement associated with prior acupuncture treatment, further acupuncture is not medically necessary.