

<b>Case Number:</b>	CM15-0185680		
<b>Date Assigned:</b>	09/25/2015	<b>Date of Injury:</b>	05/01/2015
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	09/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/21/2015

### 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 59 year old male, who sustained an industrial injury on 5-1-15. The injured worker was diagnosed as having lumbar muscle sprain-strain. Treatment to date has included physical therapy; acupuncture (8); Toradol injection; medications. Diagnostics studies included X-ray lumbar spine (7-30-15). Currently, the PR-2 notes dated 9-2-15 indicated the injured worker reports he was bent over vacuuming his car and his back pain worsened. The provider documents "Today he has low back pain graded 4 out of 10 but it does not radiate to his leg. He denies bowel or bladder dysfunction. He denies any other symptoms. Acupuncture helps. He states he has had numbness and tingling in his right leg ever before his injury." Objective findings are noted by the provider as: "Back flexion- finger tips to below knees. No muscle spasm or tenderness over the paravertebral muscles. Discomfort over left sacroiliac joints. Straight leg raising (sitting) - normal. Legs: normal tone, power 5 out of 5 (hip flexors, hip adduction knee extension, great toe extension, foot inversion, foot eversion, knee flexion, foot plantar flexion, foot dorsiflexion, deep tendon reflexes symmetrical (unable to test right knee jerk), sensation (light touch) normal. Hips: full range of motion. No tenderness." X-ray of the lumbar spine was done on 7-30-15 revealing: "Impression - mild degenerative disc disease and facet arthrosis." His treatment plan included a continuation of home exercise program and additional acupuncture. He is to start "COPE" program. A physical therapy progress note dated 8-19-15 indicated that was "visit 23 of 24." The "Assessment" indicated the injured worker was improving his symptoms and "postural awareness. Needs more core strengthening. Progressing toward goals. Rehab potential is good. Plan: Continue treatment per POC to improve mobility,

strength, and functional capacity. PRE as tolerated. Lifting training." The physical therapy note dated 8-26-15 was "visit 24 of 24". The Assessment noted "Though patient was improving with symptoms and postural awareness-control, he experienced a setback yesterday. Need more core strengthening. PRE and body mechanics training with functional endurance training to be ready to RTW on full duty. Patient may need more training to meet this goal." A Request for Authorization is dated 9-21-15. A Utilization Review letter is dated 9-11-15 and non-certification was for Additional Acupuncture 8 Sessions. A request for authorization has been received for Additional Acupuncture 8 Sessions.

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

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

#### **Additional Acupuncture Sessions QTY: 8: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment 2007. Decision based on Non-MTUS Citation Official Disability Guidelines, Acupuncture Guidelines.

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

**Decision rationale:** Patient has had prior acupuncture treatment. Provider requested additional 8 acupuncture sessions which were non-certified by the utilization review. Requested visits exceed the quantity supported by cited guidelines. Medical records discuss functional improvement but not in a specific and verifiable manner consistent with the definition of functional improvement as stated in guidelines. The documentation fails to provide baseline of activities of daily living and examples of improvement in activities of daily living as result of acupuncture. 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 8 acupuncture treatments are not medically necessary.