

<b>Case Number:</b>	CM15-0185729		
<b>Date Assigned:</b>	09/25/2015	<b>Date of Injury:</b>	11/20/2008
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	09/16/2015
<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 58-year-old male who sustained an industrial injury on November 20, 2008. A recent follow up visit dated August 17, 2015 reported chief complaint "none recorded." Current medication regimen consisted of: Carisoprodol, Duloxetine, and Norco. The plan of care is noted to involve: following up with ear nose and throat specialist regarding deviated septum with probable surgery; continue medications; lumbar orthosis; acupuncture session with particular attention to the dysesthesia's that he is having in his left lower extremity. He will also be placed on Duloxetine for burning dysesthesia's with gradual increase and the intention of removing narcotics by using the decompression lumbar support device. The following diagnoses were applied to this visit: closed head injury; muscular headache; injury of neck; injury of elbow; injury of back; lumbar radiculopathy; degeneration of lumbar intervertebral disc; disorder of brain, and low back pain. Primary follow up dated August 15, 2015 reported subjective complaint of "symptoms have increased." He states "the radiating symptoms down the bilateral lower extremities." Previous treatment to include: activity modification, medications, acupuncture, physical therapy and chiropractic care. His current complaint is "constant, aching, burning, stabbing pain." The following diagnoses were applied to this visit: status post micro lumbar decompressive surgery 2012; potential psychological issue; partial nasopharynx obstruction secondary to healed nasal fracture; possible Bell's palsy syndrome; status post right orbital trauma with dental repair; cervical canal stenosis; foraminal narrowing, and cervical facet arthropathy. The plan of care noted: "This patient is in desperate need of pain management." Again, there is standing recommendation for acupuncture therapy. On August 12, 2015 a request was made for 12 sessions of acupuncture which was found non-certified by utilization Review on September 16, 2015.

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

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

**12 acupuncture sessions:** 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 12 acupuncture sessions which were non-certified by the utilization review. Requested visits exceed the quantity supported by cited guidelines. 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. Additional visits may be rendered if the patient has documented objective functional improvement. 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, 12 acupuncture treatments are not medically necessary.