

<b>Case Number:</b>	CM15-0187849		
<b>Date Assigned:</b>	09/29/2015	<b>Date of Injury:</b>	05/12/2014
<b>Decision Date:</b>	11/09/2015	<b>UR Denial Date:</b>	09/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2015

### 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 30 year old female, who sustained an industrial injury on 5-12-2014. The injured worker was being treated for displacement of lumbar intervertebral disc without myelopathy and disorders of bursae and tendons in shoulder region unspecified. Medical records (3-16-2015 to 7-6-2015) indicate ongoing localized, sharp low back pain at the injection site radiating down the back of the legs, right greater than left. Associated symptoms include numbness, tingling, and weakness. The injured worker had undergone a lumbar epidural steroid injection on 2-10-2015 and she reported worsening low back pain since then. The medical records show the subjective pain rating shows no improvement from 9 out of 10 on 3-16-2015 to 9 out of 10 on 7-6-2015. The physical exam (3-16-2015 to 7-6-2015) reveals a normal gait, independence with donning and doffing her shoes, and independence with transferring on and off the exam table. There was full range of motion of the cervical spine, tenderness to palpation over the cervical paraspinal muscles, and negative bilateral Spurling's maneuver. There was lumbar forward flexion of 20 degrees, extension of 10 degrees, right and left side bending of 15 degrees, and limited rotation. There was tenderness to palpation of the lumbar paraspinal muscles, right sciatic notch tenderness, and positive facet loading. There was normal motor strength, except for breakthrough weakness due to pain in the bilateral lower extremities. On 9-14-2014, an MRI with flexion-extension of the lumbar spine revealed at L3-4 (lumbar 3-4) a focal disc protrusion abutting the thecal sac with patent neuroforamina. Neutral: 2.7 millimeter (mm); Flexion: 3 mm, Extension: 4 mm. At L4-5 (lumbar 4-5), there was a disc protrusion abutting the thecal sac and producing bilateral neuroforaminal narrowing. There was a posterior annular tear-fissure.

Neutral: 4 mm; Flexion: 3.8 mm; Extension: 4 mm. At L5-S1 (lumbar 5-sacral 1), there was a left paracentral disc protrusion abutting the thecal sac and producing spinal canal narrowing and left neuroforaminal narrowing. Neutral: 5.4 mm; Flexion: 4.8 mm; Extension: 5.5 mm. There was straightening of the lumbar lordosis that may have been due to myospasm. On 9-14-2014, an MRI of the left shoulder revealed supraspinatus tendinosis. Treatment has included physical therapy, work restrictions, a transcutaneous electrical nerve stimulation (TENS) unit, a lumbar epidural steroid injection, and medications including pain, muscle relaxant, proton pump inhibitor, and non-steroidal anti-inflammatory. Per the treating physician (7-6-2015 report), the injured worker was not currently working. On 9-3-2015, the requested treatments included 9 sessions of acupuncture for the lumbar spine and left shoulder. On 9-12-2015, the original utilization review non-certified a request for 9 sessions of acupuncture for the lumbar spine and left shoulder.

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

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

**Nine (9) sessions of acupuncture for the lumbar spine and left shoulder:** Upheld

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

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

**Decision rationale:** The utilization review document of September 12, 2015 denied the treatment request for an additional course of acupuncture, nine sessions in management of the patient's residual lumbar spine and left shoulder complaints. The medical records reflect a prior course of acupuncture treatment to the same regions in 2014 with no subsequent documentation that functional improvement had been achieved. The CA MTUS acupuncture treatment guidelines require clinical evidence of functional improvement as a prerequisite for consideration of additional acupuncture care following a prior course of care. The medical necessity for additional acupuncture care, nine visits was not supported by the records reviewed or consistent with the addressed prerequisites for additional care per CA MTUS acupuncture guidelines, therefore is not medically necessary.