

<b>Case Number:</b>	CM15-0187979		
<b>Date Assigned:</b>	10/02/2015	<b>Date of Injury:</b>	05/20/2014
<b>Decision Date:</b>	11/09/2015	<b>UR Denial Date:</b>	08/26/2015
<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 48 year old female, who sustained an industrial injury on 5-20-14. The injured worker was diagnosed as having lumbar discogenic pain; lumbar sprain-strain; lateral lumbar facet pain L3-L4 and L4-L5; stress syndrome. Treatment to date has included physical therapy; medications. Currently, the PR-2 notes dated 7-30-15 indicated the injured worker was seen on 6-18-15. She is seen on this date for primary treating evaluation. She reports her constant axial type of low back pain on and off radiating up to mid back and neck status post work injury. The provider documents "The patient rated constant axial type of low back pain ranging 8 to 10 out of 10 on pain scale. The patient also is noticing some tingling, numbness, weakness and cramp involving both lower extremities which started on July 2014. The patient stated that her back pain also started radiating up to the neck from July 23, 2014. The patient's pain aggravates with activities involving standing, sitting, getting out of bed. The patient describes her pain as sharp, shooting, stabbing, aching, throbbing pain. The patient has tingling, numbness, muscle weakness involving both lower extremity, muscle spasm involving back. The patient's back pain is aggravated with prolonged sitting. The patient's neck and back pain is aggravated by prolonged standing. The patient has on and off headache. The patient cannot sit, stand, or drive in one position. The patient frequently changes position to get comfortable. The patient's pain is limiting work, home, social, recreational, outdoor, and sexual activities. The patient's pain is affecting sleep. Pain is causing emotional, financial, marital, and work disturbances." The provider notes that prescriptions were provided for ibuprofen, Prilosec, Flexeril and Norco but was not obtainable due to denial by insurance. The provider documents a urine drug screening did not show any street drugs, illicit drugs or unprescribed medications. The provider reviews prior treatment for physical therapy 24 sessions in 2014 and then

recommended for home exercise program. The provider also notes a recommended acupuncture for 6 sessions with improvement, the provider notes she was recommended an additional 12 sessions as of 4-10-15 with improvement. He then notes an additional "twice a week for four weeks additional 8 sessions was recommended on 4-10-15, 5-7-15 6-18-15 she was unable to attend due to financial hardship and transportation difficulties due to non-payment from worker's compensation carrier." The request at this time appears to be retrospective for acupuncture. A Request for Authorization is dated 9-8-15. A Utilization Review letter is dated 8-26-15 and non-certification was for Acupuncture 2x a week for 4 weeks. A request for authorization has been received for Acupuncture 2x a week for 4 weeks.

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

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

**Acupuncture 2x a week for 4 weeks:** 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 August 25, 2015 denied the treatment request for 8 additional acupuncture visits to manage residual complaints in the patient's lumbar spine citing CA MTUS acupuncture treatment guidelines. The medical records reflect a prior course of acupuncture treatment with benefit but documentation reduce pain, increased function or a reduction in pain medication usage was not provided at the time of the additional treatment request. The CA MTUS acupuncture treatment guidelines require as a prerequisite for consideration of additional treatment evidence of functional improvement which these medical records failed to provide. The medical necessity for continuation of care, 8 visits to the patient's lumbar spine was not supported by the reviewed records or the prerequisites for consideration of additional care per CA MTUS acupuncture treatment guidelines. The request is not medically necessary.