

<b>Case Number:</b>	CM15-0190050		
<b>Date Assigned:</b>	10/02/2015	<b>Date of Injury:</b>	04/07/2014
<b>Decision Date:</b>	11/10/2015	<b>UR Denial Date:</b>	09/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/28/2015

### 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 50 year old male who sustained an industrial injury April 7, 2014. Past history included carpal tunnel release January 2010, partial tear of left lateral ligament per MRI left ankle April, 2014, and herniated disc, L4-5 and L5-S1 with radiculopathy. Past treatment included medication, fracture boot brace, left, lumbar epidural injection, and physical therapy. According to a treating physician's progress report dated September 3, 2015, the injured worker presented with continued chronic pain. He reports ThermaCare heat wraps help. The pain is located in the mid-lower back bilaterally, rated 7-7.5 out of 10 with bilateral radiation, left worse than right. Numbness and tingling present to the bilateral legs especially quadriceps muscles, with swelling in the left leg and contact spasm. He denies bladder and bowel dysfunction. He reports he can only sit for 10 minutes and is very limited bending with difficulty pushing, pulling, lifting, or squatting. Objective findings; 2+ tenderness of lower spine and sacroiliac joints bilaterally; hypertonicity of the paraspinal musculature and lumbar spine bilaterally; tightness in the rhomboid musculature and quadratus lumborum muscles bilaterally; piriformis muscles were tight by palpation and with motion. There is a notation from a treating physician's notes dated August 6, 2015, that acupuncture was requested. Diagnoses are chronic lumbar radiculopathy with disc herniation, lumbar spine; myospasm and trigger points lumbar and thoracic spine. At issue, is a request for authorization for acupuncture, lumbar spine additional (3) times weekly for (3) weeks, (9) sessions. An MRI of the left shoulder dated April 10, 2015 (report present in the medical record) impression as; mild interstitial tearing of the supraspinatus and infraspinatus tendons near the footprint, with underlying rotator cuff tendinosis; no full-thickness rotator cuff tear; trace inflammation in the subacromial-subdeltoid

bursa; small amount of fluid in the biceps tendon sheath which may represent mild tenosynovitis; fraying of the superior labrum, likely degenerative in nature; moderate degenerative changes of the acromioclavicular joint. According to utilization review dated September 18, 2015, the request for Acupuncture (3) x (3) to lumbar spine is non-certified.

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

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

**Acupuncture, lumbar spine, additional 3 times weekly for 3 weeks, 9 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 from which he reported temporary relief. Provider requested additional 3X3 acupuncture sessions, which were non-certified by the utilization review. Requested visits exceed the quantity supported by cited guidelines. 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 authorized 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, 3x3 acupuncture treatments are not medically necessary.