

<b>Case Number:</b>	CM15-0193224		
<b>Date Assigned:</b>	10/07/2015	<b>Date of Injury:</b>	08/02/2013
<b>Decision Date:</b>	11/19/2015	<b>UR Denial Date:</b>	09/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2015

### 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 57 year old male, who sustained an industrial injury on 8-2-13. The documentation on 8-24-15 noted the injured workers pain level as 5 and 6 on a scale of 1 to 10. ORM has remained unchanged since last visit. The injured worker is not working and his strength is unchanged since last visit. The documentation noted that physical therapy has been kept on hold. The injured worker continues to have pain in his neck, upper back, low back and vision problems. Range of motion for cervical spine is within normal limits and neck palpation reveals tenderness. There is no numbness in the upper extremity. Range of motion of the right shoulder is normal and range of motion of the left shoulder is normal. The range of motion for thoracic spine shows abnormal findings. Range of motion for lumbar spine reveals abnormal findings. There is tenderness over paraspinal area bilaterally to palpation and straight leg raise is positive bilaterally. The diagnoses have included other unspecified back disorder; anxiety state, unspecified; cervical radiculopathy and lumbago. Treatment to date has included physical therapy; mentherm topical ointment; flurbiprofen tramadol cream; gabapentin amitrip dextrmet cream; topical compound cream; terocin patches; somnicin; naproxen; orphenadrine; prilosec and acupuncture sessions. Cervical spine X-rays on 9-6-14 showed straightening of the cervical lordosis; may represent myospasm and degenerative narrowing of intervertebral disc space at C6-7. Thoracic spine X-rays on 9-6-14 showed mild levoconvex scoliosis seen; mild osteopenia of visualized bony structures and degenerative small anterior superior and anterior inferior endplate osteophytes seen. Lumbar spine X-rays on 9-6-14 revealed grade 1 posterolisthesis of L2 on L3; grade 1 anterolisthesis of L3 on L4 and mild levoconvex lumbar

scoliosis. Lumbar spine magnetic resonance imaging (MRI) on 6-4-15 showed severe disc herniation ranging from 7-8 millimeter with bilateral severe stenosis. The original utilization review (9-18-15) non-certified the request for electro acupuncture, 12-24 more visits.

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

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

**Electro acupuncture, 12-24 more visits:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment 2007.

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

**Decision rationale:** The acupuncture treatment guidelines recommend a trial of 3-6 visits over 1-2 months to produce functional improvement. It states that acupuncture may be extended with documentation of functional improvement. Records indicate there was improvement in sitting, standing, walking, driving, and able to do household chores. Based on the documentation of functional improvement, additional acupuncture appears to be necessary. However, the provider's request for 12-24 additional visits appears to be excessive and is not medically necessary at this time. Six acupuncture sessions is more reasonable to assess the patient's progress. More sessions is indicated with ongoing functional improvement.