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| <b>Case Number:</b>   | CM15-0193853 |                              |            |
| <b>Date Assigned:</b> | 10/07/2015   | <b>Date of Injury:</b>       | 07/25/2013 |
| <b>Decision Date:</b> | 11/18/2015   | <b>UR Denial Date:</b>       | 09/18/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/02/2015 |

### 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 71 year old male, who sustained an industrial injury on 7-25-13. The injured worker was diagnosed as having lumbar spinal stenosis without neurogenic claudication, thoracic and lumbar neuritis and radiculitis, and cervical spondylosis without myelopathy. Treatment to date has included an unknown number of acupuncture sessions and medication including Advil, and Flexeril. The most recent acupuncture report was dated 8-20-15; the treating physician noted on 8-5-15 that 3 acupuncture sessions had been approved. Physical examination findings on 8-5-15 included full strength in bilateral lower extremities, numbness in the right L5 nerve root distribution, and a positive right straight leg raise test. Posterior inferior iliac spine tenderness was noted with no significant paraspinal musculature tenderness or spasm. On 8-5-15, the injured worker complained of low back pain with right lower extremity pain. The treating physician requested authorization for acupuncture for the lumbar spine x8. On 9-18-15 the request was modified to certify a quantity on 3 acupuncture visits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 8 sessions (2x4) for the lumbar:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment 2007, and Chronic Pain Medical Treatment 2009.

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

**Decision rationale:** According to evidenced based guidelines, further acupuncture after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. The claimant has had prior acupuncture visits with improvement. Three further visits were approved on 9/18/15. However, the provider fails to document objective functional improvement associated with the completion of the three additional certified acupuncture visits. If the visits were never completed, the provider must document that the claimant did not have further visits. Therefore, further acupuncture is not medically necessary as requested at this time.