

<b>Case Number:</b>	CM15-0199349		
<b>Date Assigned:</b>	10/16/2015	<b>Date of Injury:</b>	10/02/2010
<b>Decision Date:</b>	12/08/2015	<b>UR Denial Date:</b>	09/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2015

### 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 55 year old female, who sustained an industrial injury on 10-2-10. The injured worker was diagnosed as having lumbar disc displacement without myelopathy. Treatment to date has included physical therapy; medications. Currently, the PR-2 notes dated 7-21-15 indicated the injured worker presents for a follow-up visit for "chronic low back pain due to lumbar disc displacement". The provider documents "She continues to report severe and constant low back pain, with radiation of pain, numbness and tingling down the posterolateral aspect of her left leg to the toes. She states that her pain is particularly increased with bending, walking, twisting or lifting. She states her pain is particularly increased with walking up and down inclines. It is improved with rest, position changes and medications. She has a consultation with spine surgeon who has requested anterior fusion surgery from L5-S1. Apparently, the surgery has been denied. She continues to defer oral pain medication at this time; she is currently being worked up for frequent bloody stools by her primary care provider. She states she has a colonoscopy scheduled in August. She is trying to avoid medication whenever possible." The provider notes, "she did complete 6 sessions of acupuncture, and states it did help with the symptoms in her leg. Unfortunately we did receive a denial from [REDACTED] for additional acupuncture treatment." On physical examination, the provider notes "Patient has antalgic gait. Spasm and guarding in lumbar paraspinal musculature. Pain with axial loading of facet joints, right side greater than left. Range of motion: flexion 70, extension 10, lateral tilt 15 bilaterally." A Request for Authorization is dated 10-9-15. A Utilization Review letter is dated 9-24-15 and non-certification for acupuncture 12 sessions for the lumbar spine only. A request for authorization has been received for acupuncture 12 sessions for the lumbar spine only. Please note that all other services have been addressed on case [REDACTED].

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

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

**Acupuncture treatment or the Lumbar Spine (12 sessions): Upheld**

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

**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 trial with subjective benefits of pain relief and improvement in leg symptoms. However, the provider fails to document objective functional improvement associated with acupuncture treatment. Therefore further acupuncture is not medically necessary.