

<b>Case Number:</b>	CM15-0203286		
<b>Date Assigned:</b>	10/20/2015	<b>Date of Injury:</b>	09/08/2014
<b>Decision Date:</b>	12/02/2015	<b>UR Denial Date:</b>	10/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2015

### 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 60 year old with a date of injury on 09-08-2014. The injured worker is undergoing treatment for cervical spine musculoligamentous strain, degenerative disc disease and spondylosis, lumbosacral spine musculoligamentous strain, degenerative disc disease and spondylosis, left shoulder sprain-strain, subacromial impingement, partial-thickness insertional tear of the supraspinatus and infraspinatus tendons, osteoarthritis of the acromioclavicular joint, posterior labral tear. A physician progress note dated 06-15-2015 documents the injured worker has complaints of increased lower back pain radiating to his left posterior leg. He rates his pain as 8 out of 10 on the Visual Analog Scale. He has progressive pain, mid joint line tenderness and limited range of motion. "X rays taken of the left knee revealed no increase of osteoarthritis and X rays of the thoracic pain and lumbar spine show loss of lumbar lordosis." A progress note dated 08-17-2015 documents he has complaints of left knee, left elbow, left hip and lumbar spine. Symptoms remain the same with all body parts. He rates his pain as 5 out of 10. He has mild tenderness and limited range of motion. He was previously given an intra-articular cortisone injection which he had found to be helpful. A progress note dated 09-28-2015 documents the injured worker is doing worse due to increasing pain in his lower back that is radiating into his left leg. He rates his pain as 8 out of 10. His pain is constant and he has a squeezing pain into the left elbow and cramping into his left fingers. He feels knee pain only when twisting the knee. Acupuncture is being requested to correct imbalances, remove any blockages that interfere with the body's internal balance. A urine toxicology screening extension is being requested, and he was given prescriptions for Norco and Xanax. He was given

ultrasound guided Trigger point injections to the lumbar spine. Treatment to date has included diagnostic studies, use of heat and ice, medications, use of an IF unit, physical therapy, and trigger point injections. Current medications include Norco. On 10-06-2015 Utilization Review non-certified the request for Acupuncture 2x6 Lumbar Spine.

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

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

**Acupuncture 2x6 Lumbar Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation, and Acupuncture Treatment 2007.

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

**Decision rationale:** Provider requested initial trial of 12 acupuncture sessions for lumbar spine which were non-certified by the utilization review. Per guidelines 3-6 treatments are supported for initial course of Acupuncture with evidence of functional improvement prior to consideration of additional care. Requested visits exceed the quantity of initial acupuncture visits supported by the cited guidelines. Additional visits may be rendered if the patient has documented objective functional improvement. MTUS-Definition 9792.20 (f) 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. Per guidelines and review of evidence, 12 Acupuncture visits are not medically necessary.