

<b>Case Number:</b>	CM15-0205781		
<b>Date Assigned:</b>	10/22/2015	<b>Date of Injury:</b>	10/19/2007
<b>Decision Date:</b>	12/08/2015	<b>UR Denial Date:</b>	09/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/19/2015

### 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 10-19-07. The injured worker was diagnosed as having lumbar spinal stenosis; numbness; low back pain; degenerative lumbar disc; bulging disc; HNP; sciatica. Treatment to date has included acupuncture therapy; medications. Diagnostics studies included MRI lumbar spine (7-16-14). Currently, the PR-2 notes dated 9-16-15 indicated the injured worker was in the office as a follow-up visit and would like to discuss her work status on this date. The provider notes her "request for medical acupuncture is still pending. She reports her pain has progressively worsened as status post stopping acupuncture treatment. Currently she is reporting constant aching pain in the bilateral aspects of the lumbar spine with numbness and tingling in the bilateral lower extremities. She reports "movement" aggravates the pain while stretching, icing and Aleve temporarily alleviates the pain. She rates her pain intensity as 6-7 out of 10." On physical examination, the provider notes: very tender over the PSM from L3-4 to L5-S1 bilaterally. PSLR bilaterally. Limited lumbar range of motion and tender over coccyx. Decreased reflex at bilateral knees, decreased sensation at L5 and S1 distributions; antalgic gait; right lower extremity: EHL strength 4 out of 5 and plantar flexor strength 4 out of 5; left lower extremity: muscle strength of the major groups is 4 out of 5; PSLR bilaterally. A lumbar MRI dated 7-16-14 is reviewed and documented with impression of multiple levels of disc bulging and degenerative changes. The provider treatment plan discusses the injured workers treatment options and is re-requesting medical acupuncture 8 visits. He is also requesting a coccyx cushion, surgical follow-up consult-evaluation and medication. A PR-2 note dated 8-19-15 indicates the injured worker

reported 70% pain relief, functional gain and activities of daily living improvement from completing 7 of 8 sessions of medical acupuncture. She reported her pain had slightly improved and would like to request additional sessions. Physical examination notes were same to similar as those dated 9-16-15. The Acupuncture notes were submitted for review. Per a report dated 10/14/2015, the claimant has 80% pain relief, functional gain, and ADL improvement from completing 8/8 sessions of medical acupuncture. She reports her sciatica symptoms have progressively worsened due to lack of treatment. The claimant is not working. 6 visits of acupuncture were approved on 10/19/15. A Request for Authorization is dated 10-14-15. A Utilization Review letter is dated 9-22-14 and non-certification for Acupuncture times 8. A request for authorization has been received for Acupuncture times 8.

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

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

**Acupuncture times 8:** 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 visits with improvement. Six further visits were approved on 10/19/15. However, the provider fails to document objective functional improvement associated with the completion of the six 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.