

<b>Case Number:</b>	CM15-0021505		
<b>Date Assigned:</b>	02/11/2015	<b>Date of Injury:</b>	07/07/2014
<b>Decision Date:</b>	03/31/2015	<b>UR Denial Date:</b>	01/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/04/2015

### 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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 46 year old male, who sustained an industrial injury on 7/7/14. He has reported pain in the lower back while moving heavy objects. The diagnoses have included sciatica and lumbar disc displacement without myelopathy. Treatment to date has included acupuncture, MRI of the lumbar spine, chiropractic treatments and oral medications. As of the PR2 dated 1/7/15, the injured worker reports constant moderate to severe pain in the lumbar spine. The treating physician indicated that the injured worker had completed 4 sessions of acupuncture and was having significant functional improvement. The treating physician requested continued acupuncture treatments and a follow-up evaluation with an orthopedic specialist x 2 visits. On 1/16/15 Utilization Review non-certified a request for continued acupuncture treatments and modified a request for a follow-up evaluation with an orthopedic specialist x 2 visits to a follow-up evaluation with an orthopedic specialist x 1 visit. The utilization review physician cited the ODG, MTUS and ACOEM guidelines. On 2/4/14, the injured worker submitted an application for IMR for review of continued acupuncture treatments and a follow-up evaluation with an orthopedic specialist x 2 visits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture with electro/manual/myofascial release/electrical stimulation/infrared/diathermy treatment for the lumbar spine 3 times a week for 2 weeks:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Massage Therapy, TENS, Chronic Pain (Transcutaneous Electrical Ne. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Workers Compensation (TWC), Low Back Procedure Summary last updated 11/21/2014

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

**Decision rationale:** The patient presents with constant moderate to severe pain of the lumbar spine. The patient describes the pain as throbbing and it is exacerbated by twisting and sitting. The current request is for Acupuncture with electro/manual/myofascial release/electrical stimulation/infrared; The treating physician states, "Patient has completed 4 sessions of acupuncture therapy and has shown significant functional improvement as noted below. I am requesting 6 more sessions of acupuncture therapy. Functional Improvement since last examination has been shown by increased Activities of Daily Living, with patient being able to walk with less pain for 30 minutes." (B7) Review of the Acupuncture Medical Treatment Guidelines (AMTG) recommends acupuncture treatment for spinal complaints. The AMTG states that if acupuncture treatments are to be extended then there must be documented functional improvement. The AMTG does not support on-going acupuncture treatments without documentation of functional improvement. In this case, the treating physician has documented the patient's response to previous treatment as positive. There is also documentation indicating that the patient's ADL's have improved with the initial course of acupuncture. While the patient may require additional acupuncture care, the current request is for an undetermined number of treatments which is not supported by the AMTG. The current request is not medically necessary and the recommendation is for denial.

**Follow up evaluation with orthopedic specialist, quantity: 2:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Workers Compensation (TWC), Low Back Procedure Summary last updated 11/21/2014

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM guidelines, chapter 7, pg 127

**Decision rationale:** The patient presents with constant moderate to severe pain of the lumbar spine. The patient describes the pain as throbbing and it is exacerbated by twisting and sitting. The current request is for; Follow up evaluation with orthopedic specialist, quantity: 2. There is no further discussion of the current request in the reports submitted and reviewed. The treating physician states, "Patient has completed 4 sessions of acupuncture therapy and has shown significant functional improvement as noted below. I am requesting 6 more sessions of

acupuncture therapy. Functional Improvement since last examination has been shown by increased Activities of Daily Living, with patient being able to walk with less pain for 30 minutes." (B7) The ACOEM guidelines on page 127 state that specialty referral is indicated to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. In this case, the treating physician has not documented the reasoning and/or the need for evaluation by an orthopedic specialist. The current request is not medically necessary and the recommendation is for denial.