

<b>Case Number:</b>	CM15-0033216		
<b>Date Assigned:</b>	02/26/2015	<b>Date of Injury:</b>	05/29/2000
<b>Decision Date:</b>	04/13/2015	<b>UR Denial Date:</b>	02/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/20/2015

### 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: 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 67 year old male, who sustained a work/industrial injury on 5/29/00 as a sheriff's technician who sustained injury to the left arm, elbow, shoulder, wrist, hip, right shoulder, knee, back, and psyche when she fell down the stairs. She has reported symptoms of neck and back pain with spasms. Prior medical history was not documented. The diagnoses have included chronic neck and low back syndrome with depression. Treatments to date included medication, chiropractic care, conservative treatment, aquatic therapy, and land based therapy. Diagnostics included a cervical spine Magnetic Resonance Imaging (MRI) that showed degenerative disk disease at c5-6 and C6-7, lumbar spine MRI that showed moderate anterior wedging superior compression deformity of T12 compatible with chronic fracture. Medications included Tylenol #3, Zoloft, Zorvolex, Skelexin, and analgesic creams. The treating physician's report (PR-2) from 12/30/14 indicated improved pain management with Zorvolex, back brace, and seat fusion. The IW continues with elevated neck and back pain with muscle spasms. The pain radiated to the legs as well as having numbness and tingling with burning pain of the legs and feet. There was continued depression due to pain and disability. Exam noted tight and tender bilateral upper trapezius/levator scapulae muscles. Bilateral lumbosacral paraspinal muscles were tight and tender. On 1/30/15, acupuncture was requested. On 2/4/15, Utilization Review modified Acupuncture Qty: 12.00 to Acupuncture Qty: 4, noting the California Medical treatment Utilization Schedule (MTUS) Guidelines, Acupuncture and Medical Treatment Guidelines and Official Disability Guidelines (ODG).

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture Qty: 12.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.1. Acupuncture Medical Treatment Guidelines Page(s): 13.

**Decision rationale:** The patient presents with pain and weakness in his neck, lower back and lower extremity. The request is for 12 SESSIONS OF ACUPUNCTURE. The patient has had medications and Cervical/lumbar traction units. The patient is retired. MRI of the cervical spine from 12/11/00 shows degenerative disk disease at C5-6 and C6-7. MRI of the lumbar spine from 09/08/09 shows moderate anterior wedging superior compression deformity of T12. MTUS guidelines page 13 allow 3-6 sessions of acupuncture treatments for neck or lower back complaints for an initial trial and up to 1-3 times a week and 1-2 months with functional Improvement. In this case, the treater does not explain why acupuncture is needed. The review of the reports indicates that 6 sessions of acupuncture were authorized on 10/03/14. None of the reports specifically discuss how many sessions of acupuncture the patient has had or how the patient has responded to acupuncture in terms of pain reduction or functional improvement. Without documentation of functional improvement additional acupuncture treatments are not supported by the MTUS. The request IS NOT medically necessary.