

<b>Case Number:</b>	CM15-0033777		
<b>Date Assigned:</b>	02/26/2015	<b>Date of Injury:</b>	12/03/2013
<b>Decision Date:</b>	04/10/2015	<b>UR Denial Date:</b>	01/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/23/2015

### 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 26 year old male, who sustained an industrial injury on December 3, 2013. His diagnoses include lumbosacral sprain/strain, lumbar intervertebral disc displacement without myelopathy, and lumbar neuritis or radiculitis. On March 28, 2014, an MRI of the lumbar spine was performed. On June 20, 2014, an electromyography/nerve conduction velocity (EMG/NCV) study was performed. He has been treated with physical therapy, chiropractic therapy, weight lifting belt and knee brace for work, and work modifications. The records do not provide specific dates or results from the prior courses of acupuncture, physical therapy, and chiropractic therapy. On December 10, 2014, his treating physician reports persistent dull, aching right-sided lumbosacral pain with a numbing ache extending down the right leg to the right ankle. He has occasional, mild right-sided low back spasms, tenderness of the right posterolateral right leg, and right leg feels weak at times. The physical exam revealed moderately decreased lumbar range of motion, positive bilateral Kemp's test-greater on the right, weak heel and toe walk, positive Laseque, positive bilateral sitting root - greater on the right, positive bilateral straight leg raise- greater on the right, positive bilateral leg raise and lowering, positive bilateral Braggard's and Goldthwaite - greater on the right, and positive right Fabere, iliac compression, and Milgrams. There was tenderness to palpation: slight of the thoracolumbar junction, moderate of lumbar 4-lumbar 5, and slight-moderate of the right sacroiliac joint. There was slight-moderate increased of the muscle tone of the right lumbar paraspinals and slight increased muscle tone of the right hip flexors. The deep tendon reflexes of the right patellar and Achilles were decreased. There was mild weakness and mild decreased sensation along the

lumbar 4, lumbar 5, and sacral 1 dermatomes of right lower extremity. The treatment plan includes additional sessions of acupuncture. On January 15, 2014 Utilization Review modified a prescription for 8 visits (2 times a week for 4weeks) of acupuncture to the lumbar spine , noting the guidelines indicate an initial of 3-6 treatments can be considered appropriate, and additional acupuncture can be considered with evidence of functional improvement. The California Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines was cited.

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

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

**8 sessions of Acupuncture to the Lumbar Spine, 2 times a week for 4 weeks: Upheld**

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

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

**Decision rationale:** Patient has not had prior Acupuncture treatment. Provider requested initial trial of 8 acupuncture sessions which were modified to 6 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, 8 Acupuncture visits are not medically necessary.