

<b>Case Number:</b>	CM15-0034235		
<b>Date Assigned:</b>	02/27/2015	<b>Date of Injury:</b>	07/29/2014
<b>Decision Date:</b>	04/13/2015	<b>UR Denial Date:</b>	02/13/2015
<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 51 year old male who sustained an industrial injury on 07/29/2014. Diagnoses include lumbar sprain/strain, rule out lumbar disc protrusion, left hand joint pain and trigger finger. Treatment to date has included medications, chiropractic visits, and physical therapy. A physician progress note dated 02/02/2015 documents the injured worker complains of activity-dependent moderate to 6 out of 10 achy sharp low back pain and stiffness radiating to right leg with numbness. Lumbar range of motion is painful. There is tenderness to the bilateral S1 joint and lumbar paravertebral muscles. There is muscle spasm of the bilateral gluteus and lumbar paravertebral muscles. Straight leg raise is positive on the left. Ely's, Nachlas and Patrick's FABERE is positive on the left. The injured worker complains of constant 4-8 out of 10 achy, throbbing left hand pain and stiffness. The pain is specific to the left proximal 3rd digit. There is pinpoint tenderness over Capitate. The ranges of motion are decreased and painful. There is tenderness to palpitation of the palmar aspect of the left hand. Carpal compression causes pain. Magnetic Resonance Imaging of the lumbar spine done on 10/14/2014 revealed transitional L5-S1 segment. L4-L5 shows a broad based dental disc protrusion with more focal small extruded fragment extending into the right sub articular gutter and compressing the origin of the right L5 nerve root. There is a small transverse high intensity zone in the left inferior annular attachment. There is mild bilateral foraminal stenosis. There is a developmentally small central canal. L3-L4 shows mild annular bulging. There is mild facet arthropathy with mild central canal stenosis. Treatment requested is for Acupuncture, two visits a week for 8 weeks for the left hand and lumbar spine. On 02/13/2015, Utilization Review modified the request for

Acupuncture, two visits a week for 8 weeks for the left hand and lumbar spine, to 4 acupuncture treatments and cited was California Acupuncture Medical Treatment Utilization Schedule (MTUS)-Chronic Pain Guidelines Medical Treatment Guidelines.

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

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

**Acupuncture, two visits a week for 8 weeks for the left hand and lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain 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 2X8 acupuncture sessions, which were modified to 4 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, 2X 8 Acupuncture visits are not medically necessary.