

<b>Case Number:</b>	CM15-0043142		
<b>Date Assigned:</b>	03/13/2015	<b>Date of Injury:</b>	11/11/2011
<b>Decision Date:</b>	04/23/2015	<b>UR Denial Date:</b>	02/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/06/2015

### 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 47-year-old female, who sustained an industrial injury on November 11, 2011. She reported that while working on a production line, she pivoted to the left side and felt a pulling sensation in the back of her knee. The injured worker was diagnosed as having lumbar spine sprain/strain with right lower extremity radiculopathy symptoms, thoracic spine sprain/strain, and sleep disturbance. Treatment to date has included physical therapy, MRI, electromyography (EMG)/nerve conduction study (NCS), acupuncture, chiropractic treatments, and medication. Currently, the injured worker complains of lumbar spine pain with radiculopathy symptoms to the right lower extremity to the foot, with numbness and tingling of the right leg. The Primary Treating Physician's report dated February 2, 2015, noted the injured worker reported chiropractic treatments improved her pain, with benefit noted from physical therapy and acupuncture. The electromyography (EMG)/nerve conduction study (NCS) was noted to show mild left S1 radiculopathy. Tenderness was noted in the thoracic, thoraco-lumbar, and lumbar spine bilaterally, with pain noted with lumbar range of motion (ROM). The Physician noted the request for additional physical therapy and acupuncture for the lumbar and thoracic spine, to see if they would further decrease the injured worker's low back pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture, Lumbar/Thoracic spine, 2 times weekly for 6 weeks (12): Upheld**

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

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

**Decision rationale:** Patient has had prior acupuncture treatment. Provider requested additional 2X6 acupuncture sessions which were non-certified by the utilization review. Requested visits exceed the quantity supported by cited guidelines. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Additional visits may be rendered if the patient has documented objective functional improvement. Per MTUS guidelines, 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 or decrease in medication intake. Per review of evidence and guidelines, 2X6 acupuncture treatments are not medically necessary.