

<b>Case Number:</b>	CM15-0055081		
<b>Date Assigned:</b>	03/30/2015	<b>Date of Injury:</b>	07/29/2003
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/23/2015

### 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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 57 year old female, who sustained an industrial injury on 7/29/2003. Diagnoses have included thoracic spine sprain/strain, lumbar disc protrusion, lumbar spinal stenosis, lumbar radiculopathy, lumbar facet syndrome, tendinitis left shoulder, cubital tunnel syndrome left elbow, tenosynovitis of bilateral wrists/hands and left carpal tunnel syndrome. Treatment to date has included acupuncture and medication. According to the progress report dated 1/19/2015, the injured worker complained of constant mid back pain rated 8/10 and constant low back pain rated 6/10 radiating to the bilateral lower extremities with numbness and tingling in the legs. She complained of constant left shoulder pain rated 7-8/10, constant left elbow pain rated 8-9/10, constant bilateral wrist pain rated 5/10 on the right and 8/10 on the left and constant bilateral knee pain rated 6/10. Exam of the left shoulder revealed tenderness and spasms. Exam of the wrists revealed tenderness over the carpal segments bilaterally. Phalen's test and Tinel's sign were positive on the left. The injured worker ambulated with a mildly antalgic gait. There were palpable spasms along the paravertebral muscles bilaterally along the lumbar spine. Authorization was requested for one brace for the left hand, eight acupuncture sessions, one follow-up visit and one Transcutaneous Electrical Nerve Stimulation (TENS) unit rental 30 day trail with supplies.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 acupuncture sessions:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Acupuncture.

**Decision rationale:** MTUS "Acupuncture Medical Treatment Guidelines" clearly state that "acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery." ODG does not recommend acupuncture for acute low back pain, but "may want to consider a trial of acupuncture for acute LBP if it would facilitate participation in active rehab efforts." The initial trial should "3-4 visits over 2 weeks with evidence of objective functional improvement, total of up to 8-12 visits over 4-6 weeks (Note: The evidence is inconclusive for repeating this procedure beyond an initial short course of therapy.)" Medical documentation provided indicates that this patient has already attended 8 sessions of acupuncture, the requested sessions would be in excess of guideline recommendations. Additionally, the most recent note provided indicates this patient is asymptomatic after completing previous therapy. As such, the request for 8 acupuncture sessions is not medically necessary.