

<b>Case Number:</b>	CM15-0057732		
<b>Date Assigned:</b>	04/02/2015	<b>Date of Injury:</b>	07/21/2011
<b>Decision Date:</b>	05/07/2015	<b>UR Denial Date:</b>	03/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/26/2015

### 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 59 year old female, who sustained an industrial injury on 7/21/2011. Diagnoses include lumbar radiculopathy, displacement of lumbar intervertebral disc without myelopathy and degeneration of cervical intervertebral disc. Treatment to date has included diagnostics, modified work, and medications. Per the Primary Treating Physician's Progress Report dated 2/24/2015, the injured worker reported low back pain and neck pain. She reported pain, weakness and numbness primarily in the right lower extremity. Physical examination revealed a positive seated straight leg raise on the right. Reflexes were 2+ in the knees, absent in the ankles. There was no extensor hallucis longus weakness. She noted hyperesthesia on the right L5 dermatome. The plan of care included and authorization was requested for acupuncture and a right L5-S1 transforaminal epidural steroid injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture Qty: 6:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints, Chapter 14 Ankle and Foot Complaints, Acupuncture Treatment Guidelines.

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

**Decision rationale:** Patient has had prior acupuncture treatment. Provider requested additional 6 acupuncture sessions which were non-certified by the utilization review. There is lack of evidence that prior acupuncture care was of any functional benefit. 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, 6 acupuncture treatments are not medically necessary.