

<b>Case Number:</b>	CM15-0082506		
<b>Date Assigned:</b>	05/04/2015	<b>Date of Injury:</b>	10/03/1996
<b>Decision Date:</b>	06/17/2015	<b>UR Denial Date:</b>	04/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/29/2015

### 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 was a 52 year old male, who sustained an industrial injury, October 3, 1995. The injured worker was injured while working as a carpenter. The injured worker was working off a scissor lift and the left raised up 6-8 inches on its own and compacted the injured worker between the building roof and the left. The injured worker previously received the following treatments physical therapy, Gabapentin, non-steroidal anti-inflammatory agents, epidural steroid injections, Vicodin, Gralise, Percocet, Valium, cervical spine MRI, random urine toxicology study and Tramadol. The injured worker was diagnosed with neck pain, cervical spondylosis, status post C5-C6 fusion, low back pain, and pseudo-arthritis at L5-S1, lumbar spinal stenosis at L4-L5, lumbar radiculitis and chronic pain syndrome. According to progress note of April 15, 2015, the injured workers chief complaint was low back pain and bilateral lower extremity pain. The injured worker was having increased back pain after a fall at home when his leg gave out, April 1, 2015. The progress note stated the acupuncture was helping and requested continuation of treatment. The [physical exam noted tenderness of the cervical paraspinal muscles. The straight leg raises were positive on the right only produced back pain on the left. The injured worker ambulated independently without an assistive device with an antalgic gait. The treatment plan included 6 additional acupuncture sessions for the cervical spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 Additional Acupuncture times 6 sessions to the lumbar spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain 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. Medical records discuss functional improvement but not in a specific and verifiable manner consistent with the definition of functional improvement as stated in guidelines. The documentation fails to provide baseline of activities of daily living and examples of improvement in activities of daily living as result of acupuncture. 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.

**Additional acupuncture x 6 sessions to the cervical spine as an outpatient: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain 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 for cervical spine which were non-certified by the utilization review. Medical records discuss functional improvement but not in a specific and verifiable manner consistent with the definition of functional improvement as stated in guidelines. The documentation fails to provide baseline of activities of daily living and examples of improvement in activities of daily living as result of acupuncture. 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. Furthermore ODG guidelines do not recommend Acupuncture for neck pain. Per review of evidence and guidelines, 6 acupuncture treatments are not medically necessary.