

<b>Case Number:</b>	CM15-0088112		
<b>Date Assigned:</b>	05/12/2015	<b>Date of Injury:</b>	05/26/2011
<b>Decision Date:</b>	07/09/2015	<b>UR Denial Date:</b>	05/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/07/2015

### 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 52-year-old female who sustained a cumulative industrial injury on 05/26/2011 while employed as a school bus driver. The injured worker was diagnosed with internal derangement right knee, right lumbosacral strain, right lumbosacral radiculopathy, myofascial pain, right hip pain and rule out internal derangement right hip. The injured worker is status post right knee arthroscopy with femoral micro fracture chondroplasty and synovectomy on July 17, 2014. Treatment to date includes diagnostic testing, conservative measures, chiropractic therapy, and viscosupplementation agents to right knee prior to surgical intervention, physical therapy, home exercise program and medications. According to the primary treating physician's progress report on April 20, 2015, the injured worker continues to experience right back pain with radiation to the right lower extremity with intermittent numbness and tingling of the right leg and weakness of the right foot. The injured worker reports right hip pain with radiation to the right groin area. Examination of the lumbar spine demonstrated decreased range of motion by 10% of normal in all planes. There is tenderness, trigger points and muscle spasms to the right iliolumbar ligament and right lumbar spine paraspinal muscles. Decreased sensation in the dorsal aspect of the right foot was noted. There were decreased deep tendon reflexes in the right ankle and normal reflexes in the bilateral knees. Strength was decreased in the right dorsiflexor and right extensor hallucis longus muscle and normal strength in the bilateral knee flexors and knee extensors. Positive right straight leg raise at 40 degrees was noted. Examination of the right hip demonstrated decreased range of motion by 10% in all planes, tenderness to palpation in the medial aspect of the right hip, decreased strength in the

right hip in all planes 4/5 with normal sensation and normal reflexes. Pain was elicited with passive internal and external rotation of the right hip radiating into the right groin area. Current medications are listed as Flexeril, Ibuprofen, Terocin patches. Treatment plan consists of medications and the current request for a right hip magnetic resonance imaging (MRI), right L5 epidural steroid injection, right S1 epidural steroid injection, and acupuncture therapy twice a week for 4 weeks, Flexeril and Neurontin.

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

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

**Accupuncture 2 x 4:** Upheld

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

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

**Decision rationale:** According to evidenced based guidelines, further acupuncture after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. The claimant has had prior acupuncture trial authorized on 5/1/2015. However, the provider fails to document objective functional improvement associated with the completion of the certified acupuncture trial. If this is a request for an initial trial, 8 visits exceeds the recommended guidelines for an initial trial.