

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM15-0088678 |                              |            |
| <b>Date Assigned:</b> | 05/15/2015   | <b>Date of Injury:</b>       | 05/15/1996 |
| <b>Decision Date:</b> | 06/17/2015   | <b>UR Denial Date:</b>       | 04/17/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 05/08/2015 |

### 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 68 year old female who sustained an industrial injury on 05/15/1996. The injured worker was diagnosed with cervical radiculopathy, lumbar radiculopathy, and hip and knee tendinitis/bursitis. There was no documentation of past surgical interventions or prior treatments rendered. According to the primary treating physician's progress report on May 6, 2015 the injured worker continues to experience chronic cervical and lumbar pain. The injured worker reports her pain is well controlled on the current medication regimen without side effects. Examination demonstrated spasm and tenderness in the paravertebral cervical and lumbar muscles with decreased range of motion on flexion and extension. Current medications were refilled according to the March 25, 2015. There was no discussion of names/dosages of these medications. Treatment plan consists of the current request for acupuncture therapy to the cervical and lumbar spine twice a week for 6 weeks as an adjunct to her home exercise program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 2x6 Cervical spine, Lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG),

Acupuncture Guidelines; Official Disability Guidelines (ODG), Neck & Upper Back, Acupuncture; Official Disability Guidelines (ODG), Low Back, Acupuncture.

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

**Decision rationale:** It is unclear whether this is a request for an initial trial or a further acupuncture. If this is a request for an initial acupuncture trial, evidenced based guidelines recommend a trial of acupuncture for chronic pain. However, a request for 12 visits exceeds the recommended guidelines of less than six. If functional improvement is documented, further acupuncture may be medically necessary. If this is a request for an initial trial, the provider should make a request within the recommended guidelines. If this is not a request for an initial trial, the provider should document functional improvement as a result of the completion of acupuncture. Also the duration and total amount of completed visits should be submitted. As requested, 12 sessions of acupuncture are not medically necessary.