

<b>Case Number:</b>	CM15-0230884		
<b>Date Assigned:</b>	12/04/2015	<b>Date of Injury:</b>	07/25/2008
<b>Decision Date:</b>	01/11/2016	<b>UR Denial Date:</b>	11/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/24/2015

### 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, Montana

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 54 year old female, who sustained an industrial injury on July 25, 2008. The injured worker was undergoing treatment for protrusion of L3-L4 bilateral foraminal stenosis, protrusion 4mm at L5-S1 with bilateral foraminal stenosis, annular tear L5-S1, status post lumbar surgery 2009, thoracic pain, bilateral planter fasciitis, cervical pain with upper extremity symptoms and right shoulder pain. According to progress note of October 21, 2015, the injured worker's chief complaint was low back pain with left rhythm right lower extremity symptoms. The pain was rated at 6 out of 10. The thoracic pain was rated at 5 out of 10. The left knee pain was rated at 5 out of 10 and the right was 6 out of 10. According to the progress note the medications did facilitate maintenance of activities of daily living. The injured worker was able to do household chores, shopping for groceries, grooming, and simple food preparation, cooking and a healthy activity level. The Tramadol maintained the pain level at 3-4 out of 10 with hydrocodone for the breakthrough pain. The physical exam noted tenderness in the lumbar spine. The flexion was 40 degrees, extension of 30 degrees and left and right lateral tilt was 25 degrees and left and right rotation of 25 degrees. The straight leg raises were positive on the left at 35 degrees and 40 degrees on the right. There was diminished sensation left greater than the right at the L5 and S1 dermatomal distributions. The EHL and left eversion were 4 out of 5 for motor strength. The right eversion was minus 5 out of 5. There was tenderness in the thoracic spine. There was tenderness with range of motion of the left thigh and left hip. According to the progress notes, the treating physical had been requesting further acupuncture since May 20, 2015; however, there was no documentation to support the injured

worker had any acupuncture. The injured worker previously received the following treatments Cyclobenzaprine, Hydrocodone, Tramadol ER, Cymbalta, Ambien CR, Risperdal, Xanax, psychological services and topical ointments. The RFA (request for authorization) dated October 21, 2015, the following treatments were requested additional acupuncture therapy for the lumbar spine and bilateral knees 2 times a week for 6 weeks. The UR (utilization review board) denied certification on November 17, 2015; for acupuncture with electrical stimulation initial 15 minutes outpatient additional acupuncture therapy to the lumbar spine and bilateral knees 2 times a week for six weeks.

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

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

**Outpatient additional acupuncture therapy to the lumbar spine and bilateral knees 2 times a week for 6 weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**Decision rationale:** Provider requested additional 2X6 acupuncture sessions for lumbar spine and bilateral knees which were non-certified by the utilization review. Requested visits exceed the quantity supported by cited guidelines. 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, 12 acupuncture treatments for lumbar spine and bilateral knees are not medically necessary.