

<b>Case Number:</b>	CM14-0198533		
<b>Date Assigned:</b>	12/08/2014	<b>Date of Injury:</b>	06/14/2014
<b>Decision Date:</b>	06/24/2015	<b>UR Denial Date:</b>	10/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2014

### 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 26 year old female, who sustained an industrial injury on 6/14/14. She has reported initial complaints of back cracking while lifting a box at work. The diagnoses have included lumbar radiculopathy, lumbar strain/sprain, anxiety and depression. Treatment to date has included medications, diagnostics, activity modifications, 6 physical therapy sessions, 8 chiropractic sessions and lumbar brace. Currently, as per the physician progress note dated 10/16/14, the injured worker complains of intermittent moderate sharp low back pain and stiffness with numbness and tingling in the bilateral legs and toes. The pain is rated 6/10 on pain scale. He also reports depression, anxiety and irritability. The physical exam of the lumbar spine reveals tenderness to palpation in the bilateral sacroiliac joints, lumbar paravertebral muscles and spinous process. There is muscle spasm of the lumbar paravertebral muscles, straight leg raise causes pain bilaterally, and Lasegue's cause's pain bilaterally at 65 degrees, there is decreased range of motion of the lumbar spine with pain endrange of flexion, extension and right rotation. There are also psychological complaints. The diagnostic testing that was performed included x-ray of the lumbar spine dated 7/22/14 reveals straightening of the lumbar lordosis with restricted range of motion on lumbar spine flexion which may reflect an element of myospasm and lumbarized S1. The Magnetic Resonance Imaging (MRI) of the lumbar spine dated 8/21/14 reveals disc protrusion combined with facet and ligamentum flavum hypertrophy procedures spinal canal narrowing and bilateral neuralforaminal narrowing. The current medications included Anaprox and Norco with no relief of pain. There was previous therapy sessions noted in the records. The nerve conduction studies of the bilateral lower extremities dated 8/27/14 reveals the absence of slowing in both right and left peroneal and tibial nerves which are consistent with the absence of any polyneuropathic process. Lack of involvement of the superficial peroneal and sural nerves limits the possibility of a combined sensorimotor disorder. Intact F-wave responses in the left and right peroneal nerves imply unimpaired

functioning of the lumbosacral plexuses, proximal peripheral nerve segments and lumbosacral nerve roots. The electromyography (EMG) of the bilateral lower extremities dated 8/27/14 reveals an abnormal study consistent with right- sided lumbosacral radiculopathy and the possibility of paralumbar pathology also exists. The physician requested treatment included Acupuncture 2 Times a week for 4 weeks to The Lumbar Spine. Six acupuncture sessions were approved on 10/27/2014. The claimant also had acupuncture on 7/14/14, 7/28/14, and 8/7/14.

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

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

**Acupuncture 2 Times a Week for 4 Weeks to the Lumbar Spine: 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 authorized. However, the provider fails to document objective functional improvement associated with the completion of the certified acupuncture visits. Also, the claimant had prior acupuncture with no documented benefits. Therefore further acupuncture is not medically necessary.