

<b>Case Number:</b>	CM15-0112391		
<b>Date Assigned:</b>	06/18/2015	<b>Date of Injury:</b>	11/21/2003
<b>Decision Date:</b>	07/17/2015	<b>UR Denial Date:</b>	05/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/11/2015

### 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: 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 62-year-old female; with a reported date of injury of 11/21/2013. The diagnoses include low back pain, status post L5-S1 posterior lumbar interbody fusion, retained symptomatic lumbar spinal hardware, and transient lower extremity radiculitis. Treatments to date have included oral medications; L5-S1 removal of bilateral lumbar spinal hardware, inspection of fusion, nerve root exploration, extensive lysis of epidural adhesions on 04/03/2015; and x-rays of the lumbar spine which showed no hardware and solid fusion. The progress report dated 04/15/2015 indicates that the injured worker had intermittent pain in the low back, which was characterized as dull. There was no radiation of pain into the lower extremities. It was noted that her pain was improving, and was rated 4 out of 10. The objective findings include an intact gait, palpable paravertebral muscle tenderness with spasm, negative seated nerve root test, guarded and restricted standing flexion and extension of the lumbar spine, full circulation in the lower extremities, intact coordination and balance, and normal sensation and strength. The treatment plan indicated that the treating physician requested a course of physical therapy to the lumbar spine three times a week for four weeks. The progress report dated 04/20/2015 indicates that the injured worker had intermittent pain in the low back, which was characterized as dull. There was no radiation of pain into the lower extremities. It was noted that her pain was improving, and was rated 4 out of 10. The objective findings remained the same from the last visit on 04/15/2015. The treating physician requested twelve (12) acupuncture sessions for the lumbar spine.

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

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

**Acupuncture to the lumbar spine 12 sessions (2 times per week for 6 weeks): Upheld**

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

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

**Decision rationale:** Based on the records reviewed, it does not appear that the patient has yet undergone prior acupuncture care. As the patient continued symptomatic despite previous care (chiropractic, physical therapy, oral medication, work modifications and self-care), an acupuncture trial for pain management and function improvement would have been reasonable and supported by the MTUS (guidelines). The guidelines note that the amount to produce functional improvement is 3-6 treatments. The same guidelines could support additional care based on the functional improvement(s) obtained with the trial. As the provider requested initially 12 sessions, which is significantly more than the number recommended by the guidelines without documenting any extraordinary circumstances, the request is seen as excessive, therefore not supported for medical necessity.