

<b>Case Number:</b>	CM15-0113388		
<b>Date Assigned:</b>	06/19/2015	<b>Date of Injury:</b>	01/28/2006
<b>Decision Date:</b>	07/24/2015	<b>UR Denial Date:</b>	05/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/12/2015

### 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 66 year old female, who sustained an industrial injury on 1/28/06. She reported initial complaints of right hand injury. The injured worker was diagnosed as having sprain carpometacarpal; joint pain-forearm; joint pain-hand; other postsurgical status; carpal tunnel syndrome; neck sprain; thoracic region sprain; arthropathy NOS-left leg; lumbosacral sprain; disc displacement NOS. Treatment to date has included acupuncture; status post right wrist basal joint arthroplasty with ulnar nerve decompression (9/20/12); physical therapy. Currently, the PR-2 notes dated 3/25/15 documents the injured worker complains of low back pain 1-5/10 frequency, mid-back pain 3-4/10 intensity; right lower extremity with numbing and tingling; physical therapy has improved since last report with less pain and more range of motion. Objective findings are notes as restricted range of motion extension 75% normal with myofascial spasms; palpable pain in the lumbosacral and thoracic regions with right decreased sensation in the right lower extremities. He also notes positive findings on lumbar MRI (no date). The provider lists a diagnosis of lumbosacral spine sprain/strain with lumbar grade 2 spondylolisthesis L5-S1 and disc bulge at L5-S1 8/3mm; L3-4 4.3mm; L4-5 4.3mm and thoracic sprain/strain. This note requested continued chiropractic therapy and acupuncture 1 time a week for 6 weeks. The providers more current notes reviewed by Utilization Review requested additional acupuncture treatments to the lumbar spine 1x a week for 6 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Acupuncture treatment to the lumbar spine 1x a 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:** Patient has had prior acupuncture treatment. Provider requested additional 6 acupuncture sessions which were non-certified by the utilization review. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. 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, 1X6 acupuncture treatments are not medically necessary.