

<b>Case Number:</b>	CM15-0116937		
<b>Date Assigned:</b>	06/24/2015	<b>Date of Injury:</b>	11/18/2013
<b>Decision Date:</b>	09/09/2015	<b>UR Denial Date:</b>	06/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2015

### 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 was a 52 year old female, who sustained an industrial injury, November 18, 2013. The injured worker previously received the following treatments lumbar spine MRI, acupuncture, Naproxen, Omeprazole and Cyclobenzaprine. The injured worker was diagnosed with cervical strain and or sprain, rule out cervical disc protrusion, thoracic spine strain and or sprain, lumbar disc protrusion, lumbar sprain and or strain, anxiety and depression. According to progress note of May 29, 2015, the injured worker's chief complaint was neck, thoracic spine, and lumbar spine pain. The injured worker's neck pain was frequent, throbbing and burning sensation and occasional sharp with numbness and tingling radiating into the fingers. The thoracic spine pain was frequent to the upper back. The pain was rated mild in severity. The pain was described as throbbing and burning sensation. The pain increased with lifting more than 20 pounds, standing, walking and bending. The lumbar spine pain was frequent to the lower back; the pain was rated as mild to moderate in severity. The pain was described as aching, throbbing and burning sensation when it was mild to moderate. The pain increased with lifting more than 20 pounds, standing, walking and bending. The physical exam noted decreased range of motion to the cervical spine in all planes. There was tenderness to the T8-T12 spinous processes and thoracic paravertebral muscles. There was tenderness with palpation of the coccyx processes, L5- S1 spinal processes, lumbar paravertebral muscles, sacrum and spinous processes. There were muscle spasms of the lumbar paravertebral muscles. The straight leg raises caused pain on the right. The treatment plan included additional acupuncture treatments 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 for 8 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM, Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation (ODG-TWC) ODG Treatment Integrated Treatment/Disability Duration Guidelines, Low Back & Lumbar & Thoracic (Acute & Chronic) Online Version (updated 05/15/15).

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

**Decision rationale:** The patient complained of neck, thoracic spine, and lumbar spine pain. Records indicate that the patient received prior acupuncture treatments without documentation of functional improvement. The guideline states that acupuncture may be extended with documentation of functional improvement. Based on the lack of functional improvement from prior acupuncture treatments, additional acupuncture is not warranted at this time. The provider's request for 8 acupuncture session to the lumbar spine is not medically necessary at this time.