

<b>Case Number:</b>	CM15-0119157		
<b>Date Assigned:</b>	06/29/2015	<b>Date of Injury:</b>	11/07/2003
<b>Decision Date:</b>	08/04/2015	<b>UR Denial Date:</b>	06/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/22/2015

### 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 68 year old female who sustained an industrial injury on 11/07/2003. Mechanism of injury occurred while pushing coolers with the use of a dolly, and due to the sun being in her eyes she crashed into a machine and hit her forehead on a machine causing a laceration and she lost consciousness for a short while. Diagnoses include neck pain; a cervical spine Magnetic Resonance Imaging done on 12/29/2003 showed left C6 C7 uncinated process minimally narrowing neural foramen. There was bilateral foraminal narrowing at C5-C6 secondary to facet arthropathy. Upper back pain, low back and right lower extremity pain and an Magnetic Resonance Imaging done in June of 2009 showed left paracentral disc bulge measuring 6.6mm at L5-S1, displacing both S1 nerves worse on the left side and a 6mm central disc bulge noted at L4-L5 also with extension into both of the foramen. Treatment to date has included diagnostic studies, medications, acupuncture, lumbar epidural injections, trigger point injections, chiropractic sessions, and physical therapy. A physician progress note dated 06/01/2015 documents the injured worker presents with ongoing neck and back pain. She stopped her Voltaren and Tramadol. She is only using Zanaflex and Lidoderm patches. Acupuncture has been significantly helpful in maintaining her pain levels at a low level. She has ongoing tenderness to the lumbar paraspinal muscles, cervical paraspinal muscles with spasm radiating to the bilateral trapezius with decreased range of motion in all planes. This note documents the injured worker has been able to stop the Tramadol and Voltaren as a result of acupuncture treatments a couple of times a month. An acupuncture note dated 03/09/2015 documents the injured worker has overall increased neck and shoulder tightness, and moderate low back pain

radiating to the tailbone and into her right lower extremity. In an acupuncture note dated 04/15/2015 documentation showed less pain in her low back since last acupuncture treatment, and moderate spasms in her top of the shoulder. A note dated 05/18/2015 documents the injured worker has been more functional and has gained increased flexibility and strength in her neck and shoulder for 1-2 days after treatments. According to this note she is still taking her Tramadol and Voltaren. It is documented that from 03/16/2015 she has completed 8 acupuncture treatments. Treatment requested is for 8 Acupuncture sessions to the lumbar and cervical spine, defaulted over 30 days.

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

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

**8 Acupuncture sessions to the lumbar and cervical spine, defaulted over 30 days:**  
Overturned

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

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

**Decision rationale:** The Acupuncture Medical Treatment guidelines states that acupuncture may be extended if there is documentation of functional improvement. The patient has completed 16 acupuncture sessions. Following the most recent completion of the 8 authorized acupuncture visit, the acupuncture provider noted an improvement in the patients OSWESTRY disability index. Prior to the completed 8 acupuncture visit, the index score was 26 equating to severe disability. After the completion of acupuncture, the index score was decrease to 22 which equals to moderate disability. In addition, the patient discontinued Tramadol and Voltaren per progress report dated 6/1/15. Given the positive impact of acupuncture and documentation of functional improvement from the most recent 8 acupuncture session, the provider's request for 8 additional acupuncture sessions to the lumbar and cervical spine are medically necessary at this time. Additional acupuncture session may be warranted with documentation of functional improvement.