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| <b>Case Number:</b>   | CM15-0119504 |                              |            |
| <b>Date Assigned:</b> | 06/29/2015   | <b>Date of Injury:</b>       | 05/24/2000 |
| <b>Decision Date:</b> | 07/31/2015   | <b>UR Denial Date:</b>       | 06/15/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/19/2015 |

### 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 67 year-old female who sustained an industrial injury on 05/24/2000. Details of the injury, initial diagnoses, and treatments are not available. Current treatments include TENS, physical therapy, pain medication management, MRI, epidural steroid injections, EMG, and spine surgeon consultation. In a progress note dated 05/29/15 she reports worsening neck and upper extremity pain with impaired balance and dizziness. The neck pain radiates to her head causing headaches with radiation to the arms; there is numbness and tingling. She cannot perform home exercise as well as previously due to significant pain and uncoordination. Her pain levels are an 8-9 on a 10 point pain scale without medication, 4-5/10 with medication. Anti-inflammatory medication is causing gastric upset. Physical examination is significant for tenderness along the paraspinal muscles and facets. She has severely decreased range of motion with extension; this causes dizziness and rotation. Sensation is decreased in the lateral arms bilaterally. Hoffmann's is positive bilaterally. She has tenderness in the lower lumbar paraspinal muscles; range of motion is mildly decreased. Her gait is antalgic; she is unable to tandem walk and has a significant balance problem. Current diagnoses include degenerative disc disease / cervical with myelopathy, cervical radiculitis, displacement of thoracic intervertebral disc, and lumbar degenerative disc disease. Treatment recommendations include continuation of pain medication management, repeat MRI, and 6 sessions of acupuncture for the low back. The injured worker is under temporary total disability. Date of Utilization Review: 06/12/15

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture x 6 sessions for Low back:** Upheld

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

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

**Decision rationale:** Patient's injury is over 15 years old. It is unclear if the patient has had prior acupuncture treatment or if the request is for initial trial of care. Provider requested trial of 6 acupuncture sessions for lumbar spine flare which were non-certified by the utilization review. Per MTUS Section 9792.24.1 Acupuncture Medical treatment Guidelines Page 8-9.

"Acupuncture is used as an option when pain medication is reduced and not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery"; which was not documented in the provided medical records. Medical notes report recent flare in lumbar pain. However, there is limited documentation of a specific aggravation or exacerbating event that has led to a significant decline in the patient's function or impairment of objective measures. Per guidelines and review of evidence, 6 Acupuncture visits are not medically necessary.