

<b>Case Number:</b>	CM15-0121402		
<b>Date Assigned:</b>	07/02/2015	<b>Date of Injury:</b>	06/07/2008
<b>Decision Date:</b>	08/27/2015	<b>UR Denial Date:</b>	06/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/23/2015

### 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 52 year old male who sustained an industrial injury on 06/07/2008. The injured worker was diagnosed with lumbago, lumbar disc disorder and left De Quervain's tenosynovitis. The injured worker underwent a left first dorsal compartment release for De Quervain's tenosynovitis on February 6, 2015. Treatment to date has included diagnostic testing with recent lumbar spine magnetic resonance imaging (MRI) on February 18, 2015, extensive physical therapy, trigger point injection to the lumbar paraspinal muscles, bilateral lumbar facet injections, back brace, lumbar epidural steroid injections and medications. According to the primary treating physician's progress report on May 19, 2015, the injured worker continues to experience low back pain with radiation into the lower extremities. The injured worker rates his pain level at 8/10. The injured worker also reports urinary incontinence. Examination of the lumbar spine demonstrated tenderness to palpation of the paravertebral muscles with spasm. Seated nerve root test was positive. Standing flexion and extension are guarded and restricted. There was numbness and tingling in the lateral thigh, anterolateral leg, posterior leg and foot in the L5 and S1 dermatomal distribution. Motor strength in the extensor hallucis longus muscle, ankle plantar flexors, L5 and S1 innervated muscles were 4/5. Ankle reflexes were asymmetric. Current medications are listed as Norco 7.5mg and 5mg, Ambien, Docuprene, Prilosec and topical analgesics. Treatment plan consists of continuing medication regimen and the current request for acupuncture therapy twice a week for 4 weeks 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 2 times a week for 4 weeks for the lumbar spine:** Upheld

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

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

**Decision rationale:** The patient complained of low back pain with radiation into the lower extremities. The Acupuncture Medical Treatment guidelines recommend an initial 3-6 visit over 1-2 months to produce functional improvement. Upon reviewing the submitted documentation, it appears that the patient has not had acupuncture care in the past. Therefore, the patient appears to be a candidate for a trial of acupuncture. However, the provider's request for 8 acupuncture sessions to the lumbar spine exceeds the guidelines recommendation for an initial trial and therefore the provider's request is not medically necessary and appropriate at this time. Six acupuncture sessions would be appropriate for the patient.