

<b>Case Number:</b>	CM15-0122849		
<b>Date Assigned:</b>	07/07/2015	<b>Date of Injury:</b>	01/05/2013
<b>Decision Date:</b>	08/21/2015	<b>UR Denial Date:</b>	06/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/25/2015

### 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 47 year old female, who sustained an industrial injury on January 5, 2013. She reported low back pain that radiated to her right thigh and the back of her right calf with numbness and tingling. The pain also radiated to her left buttock and thigh to her knee. Treatment to date has included medication, cold therapy, acupuncture, physical therapy, home exercise and stretching program and modified activities. Currently, the injured worker complains of increased pain to the outer side of her thigh that extended to the front of her thighs. The pain also extended to the back of her knees and calves down to both feet. She continues to experience bilateral foot pain associated with numbness and tingling in the right 2nd, 3rd and 4th toes. She also reports continued low back pain. The pain is exacerbated by sitting. She is experiencing difficulty engaging in any functional activities without experiencing an increase in pain. Per a Pr-2 dated 10/13/14 and 11/20/14, the claimant has developed a significant flare up of her low back pain. Acupuncture has resulted in significant improvement which is evidenced by discontinued meds and full duty work, decreased pain, decreased spasm, increase functional activities, increased exercises and decreased weight. Per a PR-2 dated 1/9/15, the claimant is still having a significant flare-up. Acupuncture which goods good temporary relief but had increased radiculopathy. Per a prior UR review, she has already had 22 acupuncture sessions. The injured worker is diagnosed with lumbar disc degeneration with neurological manifestation and lumbar radiculopathy intervertebral disc herniation. Her work status is return to full duty with no modifications, she has however; reduced her work hours due to increased pain. A note dated January 13, 2015 states the injured worker gains temporary relief from acupuncture. The

note also states the injured worker has had improvement in range of motion, decreased muscle spasms and pain from physical therapy, acupuncture, home exercise and stretching program and activity modification. Given the relief gained from previous sessions, acupuncture (8 additional sessions) for the lumbar spine is requested.

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

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

**Additional acupuncture x 8 lumbar:** Upheld

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

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

**Decision rationale:** According to evidenced based guidelines, further acupuncture after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. The claimant has had prior extensive acupuncture which appeared to initially have brought on functional improvement. However, most recently has only offered temporary relief. Since, the provider fails to document objective functional improvement associated with recent acupuncture treatment further acupuncture is not medically necessary.