

<b>Case Number:</b>	CM15-0124226		
<b>Date Assigned:</b>	07/08/2015	<b>Date of Injury:</b>	06/21/2009
<b>Decision Date:</b>	08/05/2015	<b>UR Denial Date:</b>	06/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/29/2015

### 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 60 year old male patient who sustained an industrial injury on 06/21/2009. An orthopedic follow up visit dated 12/12/2014 reported present complaints of having mid back pain, low back pain radiating into the right buttocks and hip. Current medications are: Clonidine, Xanax, and Zohydro ER. Radiography study done on 06/09/2014 revealed the lumbar spine with posterior instrumentation L4-5 and L5-s1; no evidence of loosening; possible spinous process fracture of L4, non-displaced. The assessment found the patient with: depression, status post removal of spinal cord stimulator, 12/12/2013; L4-S1 pseudoarthritis; status post L4-S1 posterior spinal instrumentation and fusion; regional pain syndrome right lower extremity; failed back syndrome; successful spinal cord stimulator trial, and status post spinal cord stimulator, 06/24/2013. The plan of care noted recommendation to proceed with a right sacroiliac joint fusion; utilize a pneumatic compression device; post-operative therapy course, and urine toxicology screening. The patient is temporary totally disabled until 01/23/2015. A recent follow up dated 5/04/2015 reported the patient with worsening pain in the low thoracic spine bilaterally; as well as in the low back and right buttocks/sacroiliac joint.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 additional sessions of Acupuncture (2x3) for lumbar spine:** Upheld

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

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

**Decision rationale:** Patient has a trial of 3 acupuncture sessions with temporary relief. Provider requested additional 2X3 acupuncture sessions which were non-certified by the utilization review. There is lack of evidence that prior acupuncture care was of any functional benefit. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Additional visits may be rendered if the patient has documented objective functional improvement. Per MTUS guidelines, Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam or decrease in medication intake. Per review of evidence and guidelines, 2x3 acupuncture treatments are not medically necessary.