

<b>Case Number:</b>	CM15-0172874		
<b>Date Assigned:</b>	09/15/2015	<b>Date of Injury:</b>	01/16/2015
<b>Decision Date:</b>	10/21/2015	<b>UR Denial Date:</b>	08/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2015

### 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 40-year-old male, with a reported date of injury of 01-16-2015. The diagnoses include lumbosacral sprain and strain with left lower extremity radiculitis, thoracic spine sprain and strain, and left shoulder strain with impingement, bursitis, and tendinitis. Treatments and evaluation to date have included physical therapy, Celebrex, acupuncture, and Terocin patches. The diagnostic studies to date have included an MRI of the lumbar spine on 05-29-2015 which showed partial lumbarization of S1, a rudimentary disc at S1-2, moderate to severe left foraminal narrowing secondary to annular bulging and facet hypertrophic change, right neural foramen was moderately narrowed at L5-S1, trace annular bulging and mild facet degeneration with mild to moderate bilateral foraminal narrowing at L4-5, and posterior central disc protrusion which mildly to moderately narrowed the central canal at L2-3. The doctor's first report of occupational injury or illness report dated 07-22-2015 indicates that the injured worker complained of left shoulder pain, low back pain with radiation to the left thigh and left knee, and a history of stress, depression, and anxiety stemming from chronic pain and physical limitation. The objective findings include tenderness with associated slight to moderate muscle guarding and spasm over the bilateral thoracic and lumbar paravertebral musculature; tenderness to palpation over the lumbosacral junction; positive straight leg raise test bilaterally; thoracic flexion at 49 degrees; thoracic right rotation at 25 degrees; thoracic left rotation at 22 degrees; lumbar flexion at 42 degrees; lumbar extension at 15 degrees; lumbar right side bending at 15 degrees; lumbar left side bending at 17 degrees; decreased sensation to pinprick and light touch in the left lower extremity along the L4 nerve root; a normal gait; and the ability to heel and toe

raise. The treatment plan included a referral for acupuncture pain management treatment two times a week for three weeks for a total of six sessions with therapeutic goals of decreasing pain and spasm, medication usage, and modified duty restrictions. It was noted that the injured worker was not able to perform usual work. He was placed on modified work. The medical records included the acupuncture evaluation and treatment reports for a total of 6 sessions from 07-27-2015 to 08-14-2015 for the low back. The request for authorization was dated 07-22-2015. The treating physician requested acupuncture pain management treatment and referral two times a week for three weeks (6 sessions). On 08-18-2015, Utilization Review (UR) modified the request for acupuncture pain management treatment and referral two times a week for three weeks (6 sessions). Per an acupuncture report dated 8/7/15, the claimant has decrease in low back pain and increase in walking with less pain. Per an acupuncture report dated 8/10/15, the claimant has less pain, decrease frequency of flare-ups, and able to decrease medications. Per an acupuncture report dated 8/14/15, the claimant is walking more with less pain and with decrease of pain and medication.

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

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

**Acupuncture Pain Management Treatment/Referral, 2 times wkly for 3 wks, 6 sessions:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**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 acupuncture visits with improvement. Six further visits were approved on 8/18/15. However, the provider fails to document objective functional improvement associated with the completion of the six additional certified acupuncture visits. If the visits were never completed, the provider must document that the claimant did not have further visits. Therefore, further acupuncture is not medically necessary as requested at this time.