

<b>Case Number:</b>	CM15-0176745		
<b>Date Assigned:</b>	09/17/2015	<b>Date of Injury:</b>	11/10/2009
<b>Decision Date:</b>	10/23/2015	<b>UR Denial Date:</b>	09/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2015

### 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, Montana

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 50 year old female who sustained an injury on 11-10-09 resulting when she slipped and fell on wet floor hitting her head, right shoulder and hip. Treatment included medication, physical therapy, TENS unit and acupuncture. Diagnoses are cervical degenerative disc disease, status post two level disc replacement and cervical fusion with residual neck and right upper extremity radicular pain. She has chronic back, neck and right upper extremity pain. Treatment has included medications, physical therapy, facet injections, epidural injections and spinal cord stimulator and most recently (6-18-15) functional restoration program (FRP). Medications include Cymbalta 60 mg; Pantoprazole 20 mg, Topiramate 100 mg; Butrans 10 mcg patch. The FRP report on week 5 indicates she continues to try to improve her activity tolerance and has increased low back pain and increased twitch in her right hand which is exacerbated by pushing and pulling activities in the physical program. There is overall improvement in her functional abilities. The plan was to encourage her to increase the strength and motor control of lumbar core stabilizers. On 7-14-15 she complains to chronic back, neck and right upper extremity pain and has completed the RFP with good benefit and has more strength in her lower extremities and has transitioned into a home exercise program. She is not working. Objective findings showed she ambulated with any assistance into the room; gait was normal and non-analgesic. Diagnoses are cervical disc displacement without myelopathy and carpal tunnel syndrome. Current medications are Cymbalta 30 mg; Pantoprazole-Protonix 20mg; Cyclobenzaprine 5 mg; Cyclobenzaprine 5 mg; and Topiramate-Topamax 100 mg. On 7-20-15 six additional sessions in the functional restoration aftercare program were requested to help

successful transition back to full functionality in all activities of daily living and gainful employment and most currently on 8-20-15 she reports worsening low back pain due to exercises during and after the functional restoration program. Range of motion lumbar spine was decreased by 20% with flexion, 30% with extension and 20% with rotation bilaterally. Motor strength is 5 out of 5 bilateral lower extremities; straight leg raise was negative bilaterally. Current requested treatments 12 sessions of acupuncture for the low back. Utilization review 9-1-15 requested treatment non-certified.

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

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

**Twelve (12) sessions of Acupuncture for the low back:** Upheld

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

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

**Decision rationale:** Patient's injury is over 6 years old, it is unclear if the patient has had prior Acupuncture treatment for if the request is for initial trial of care. Provider requested trial of 12 acupuncture sessions for the low back which were non-certified by the utilization review. Per guidelines 3-6 treatments are supported for initial course of Acupuncture with evidence of functional improvement prior to consideration of additional care. Requested visits exceed the quantity of acupuncture visits supported by the cited guidelines. 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 (if any previously administered). MTUS- Definition 9792.20 (f) 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. Per guidelines and review of evidence, 12 Acupuncture visits are not medically necessary.