

<b>Case Number:</b>	CM15-0178408		
<b>Date Assigned:</b>	09/18/2015	<b>Date of Injury:</b>	11/26/2012
<b>Decision Date:</b>	10/22/2015	<b>UR Denial Date:</b>	09/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/10/2015

### 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: North Carolina  
 Certification(s)/Specialty: Family Practice

### 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 46 year old female, who sustained an industrial injury on November 26, 2012. The injured worker was diagnosed as having chronic bilateral lower extremity radicular symptoms, left disc protrusion at lumbar two to three and right sub-articular tear at lumbar four to five with foraminal stenosis with the left greater than the right and noted facet hypertrophy per magnetic resonance imaging performed on April 26, 2013, status post lumbar four to five lumbar epidural steroid injection, chronic bilateral lower extremity radicular symptoms, anxiety, and improvement in gastrointestinal symptoms secondary to oral opiates by reduction in opiate use. Treatment and diagnostic studies to date has included medication regimen and acupuncture. In a progress note dated July 21, 2015 the treating physician reports complaints of pain to the low back. Examination performed on July 21, 2015 was revealing for decreased range of motion to the lumbar spine, tenderness to the paralumbar muscles from lumbar one through lumbar five to sacral one with spasms. On July 21, 2015 the treating physician noted pain relief secondary to acupuncture. Acupuncture progress note form July 16, 2015 for the dates of service of May 19, 2015 to July 16, 2015 noted that the injured worker underwent at least six sessions of acupuncture with the treating acupuncturist indicating that the injured worker has "steadily improved" with a "significant dissipation" of pain and muscle spasm to the erector spinae and the lower regions of the latissimus dorsi, with the injured worker being "overall more relaxed throughout the entire body" and a low amount of medication being taken. The treating acupuncturist also noted on July 16, 2015 continued episodes of burning, pain to the cervical spine especially sub-occipitally and to the cervical three to five region, and migraines with a pain

level of a 10 out of 10 "causing her to be incapable of functioning", but the progress note did not indicate if the injured worker's pain level as rated on a visual analog scale after acupuncture therapy was performed. On July 21, 2015 the treating physician requested acupuncture two times a month for six months to the lumbar spine for a quantity of twelve noting that the injured worker has had relief of pain with prior acupuncture. On September 03, 2015 the Utilization Review denied the request for acupuncture two times a month for six months to the lumbar spine for a quantity of twelve.

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

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

**Acupuncture, 2 times monthly for 6 months, lumbar spine qty 12.00: Upheld**

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

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

**Decision rationale:** The California chronic pain medical treatment guidelines section on acupuncture states: 1) "Acupuncture" is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. It is the insertion and removal of filiform needles to stimulate acupoints (acupuncture points). Needles may be inserted, manipulated, and retained for a period of time. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. Frequency and duration of acupuncture with electrical stimulation may be performed as follows: 1. Time to produce functional improvement 3-6 treatments; 2. Frequency: 1-3 times per week; 3. Optimum duration is 1-2 months; 4. Treatments may be extended if functional improvement is documented. The request for acupuncture is for a total of 12 sessions. This is in excess of the recommendations. The patient must demonstrate functional improvement in 3-6 treatments for more sessions to be certified. Therefore the request is in excess of the recommended initial treatment sessions and not medically necessary.