MAXIMUS Federal Services

| Case Number: | CM15-0063697 | | |
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| Date Assigned: | 04/09/2015 | Date of Injury: | 10/30/2012 |
| Decision Date: | 05/12/2015 | UR Denial Date: | 03/03/2015 |
| Priority: | Standard | Application Received: | 04/03/2015 |

## 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 50 year old female patient who sustained an industrial injury on 10/30/2012. The initial consultation, pain management dated 09/24/2014 reported the patient being worked up for back, leg, and knee pain. She is found currently using over the counter Advil for pain. She previously used Tramadol, Flexeril and Celebrex. The pain is described as an aching, sharp pain. She did participate in past physical therapy, acupuncture, chiropractic, and used a transcutaneous nerve stimulator unit, massage, heat/ice, surgery, and injection. The impression noted chondromalacia, medial compartment; mild to moderate bilateral stenosis of lateral recesses; mild posterior disc bulge at L4-5; small tear of medial meniscus, and trace joint effusion. The plan of care involved continue with Anaprox, and Remeron, recommending lumbar epidural injection, back brace and a transcutaneous nerve stimulator unit. A follow up report dated 01/23/2015 reported chief complaint of low back pain. She reports not wanting to receive a lumbar epidural steroid injection, as recommended. She rates her pain a 7-8 out of 10 in intensity and described as sharp, aching, and pins and needles. Diagnostic testing to include radiographic imaging, nerve conduction study, magnetic resonance imaging. The plan of care involved discussion regarding Opioid therapy. She reports that the Opioid medication is decreasing her pain level and improving her function. She denies any ill side effect. Current medications are dispensed: Anaprox, Remeron, and Gabapentin. Of note, she received approval for a lumbar steroid injection. She is pending acupuncture as she had good benefit from it in the past. She is to work modified duty and return for follow up in one month. Follow up visit dated 02/23/2015 noted the impression of L3-4 mild to moderate bilateral stenosis of the lateral recess,

mild posterior disc bulging at L4-5 without impingement, small tear of the medial meniscus. The plan of care involved recommending weight loss, stretch and exercise, continue with current medication, trial of Relyyks patch, recommend knee radiography, return to modified work duty. She is to follow up in one month.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 2xWk x 6Wks for the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints,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 acupuncture of unknown quantity and duration and had subjective benefits. However, the provider fails to document objective functional improvement associated with acupuncture treatment. Therefore, further acupuncture is not medically necessary.