

<b>Case Number:</b>	CM15-0078816		
<b>Date Assigned:</b>	05/20/2015	<b>Date of Injury:</b>	11/08/2012
<b>Decision Date:</b>	06/23/2015	<b>UR Denial Date:</b>	04/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/24/2015

### 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: 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 64 year old female, who sustained an industrial injury on 11/8/2012. She reported low back pain with radiation to the left lower extremity. The injured worker was diagnosed as having herniated nucleus pulposus (HNP) of the lumbar spine and lumbar spine radiculopathy. Co-morbid diagnoses include: hypertension, hyperlipidemia, and hypothyroidism. Initial Functional Capacity Evaluation on 12/12/2014 showed significant loss of strength and range of motion of the lumbar spine. Treatment to date has included heat/cold therapy, physical therapy (8 sessions), acupuncture (12 sessions), medications (NSAIDs, patches, topicals), chiropractic treatments (12 sessions), pain management care and epidural injection (x1). Progress notes indicate decrease in level of back and leg pain when the injured worker received the previous epidural injection, acupuncture and pain management therapy. Use of the medication Lyrica, was effective in lowering her level of pain and allowing her to perform most activities of daily living. Currently, PR2 of 3/18/2015 notes the injured worker complains of increased low back pain, left lower extremity pain and difficulties while performing activities of daily living. Physical exam revealed increased tenderness and tightness in the lumbar region. The injured worker is currently retired. Current PTP plan of care includes additional physical therapy and additional acupuncture sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Appeal- Acupuncture 1 time a week for 6 weeks for the lumbar spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The guidelines note that the amount of acupuncture to produce functional improvement is 3 to 6 treatments. Also read extension of acupuncture care could be supported for medical necessity "if functional improvement is documented as either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment." Despite that twelve prior acupuncture sessions were rendered and reported as beneficial in reducing symptoms, no pain levels pre-acupuncture and post-acupuncture were made available. Also the provider indicated that activities of daily living were improved, but no specifics were documented. With a lack of evidence of any sustained, significant, objective functional improvement (quantifiable response to treatment) obtained with previous acupuncture provided, additional acupuncture is not medically necessary.