

<b>Case Number:</b>	CM14-0177387		
<b>Date Assigned:</b>	10/30/2014	<b>Date of Injury:</b>	09/24/2002
<b>Decision Date:</b>	01/06/2015	<b>UR Denial Date:</b>	10/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/27/2014

### 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. The expert reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 69 year old female who sustained a work related injury on September 24, 2002 when she tripped on a piece of cement. The injured worker complained of low back pain. Per the Utilization Review documentation dated October 20, 2014 the injured worker had a lumbosacral fusion performed, date unspecified. She also had received twelve sessions of acupuncture. Physician's documentation dated June 9, 2014 notes that the injured worker complained of chronic low back pain and radicular pain to the left leg. Physical examination revealed a healed surgical incision with limited and painful range of motion and spasms. Sensation was decreased on the left at the lumbar five-sacral one level. Straight leg raise and the Laseque sign were positive on the left. Diagnoses include status post lumbar fusion, lumbar discogenic disease, lumbar radiculitis and chronic low back pain. Disability status was permanent and stationary. The documentation supports the injured worker also received pain management and a prior epidural injection which improved the pain for several months. She continues with pain management, a home exercise program and a transcutaneous electrical nerve stimulation unit which is helpful. The treating physician requested twelve sessions of acupuncture for the lumbar spine. On October 20, 2014 Utilization Review evaluated and denied the request. Utilization Review denied the request for twelve acupuncture treatments to the lumbar spine due to the request is in excess of MTUS Guideline recommendations which is three to six treatments. The acupuncture treatments can be extended with documented functional improvement. There was no documentation of functions deficits to justify the need for twelve visits of acupuncture. The medical necessity of the request is not established.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 Sessions of Acupuncture Lumbar Spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

**Decision rationale:** The Acupuncture Medical Treatment Guidelines allow acupuncture treatments to be extended if functional improvement is documented as defined in Section 9792.20(f). There is no documentation in the medical record that the patient has had functional improvement with the trial of visits of acupuncture previously authorized. 12 Sessions of Acupuncture Lumbar Spine is not medically necessary.