

<b>Case Number:</b>	CM14-0211892		
<b>Date Assigned:</b>	12/24/2014	<b>Date of Injury:</b>	04/20/2014
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	12/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/17/2014

### 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. 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 33 year old male who reported low back pain from injury sustained on 04/20/14 after he was rear-ended by and motor vehicle while driving a bus. Patient is diagnosed with lumbar sprain/strain; lumbar disc pathology; lumbar degenerative disc disease; and lumbar radiculopathy. The patient has been treated with medication, acupuncture, physical therapy and chiropractic. Per medical notes dated 11/12/14, patient reports increased intensity of diffuse low back pain, including intermittent radiating pain and tingling sensation from left L5 area to the left foot. Radicular symptoms can last up to one and half hour. Pain is rated at 4-5/10 on a fairly constant basis. Pain intensity is decreased with medication. Examination revealed there is pain with minimal spasm to palpation across the lower thoracic and L5 area. The provider requested an additional 6 acupuncture sessions which were non-certified by the utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional acupuncture, twice a week for the lumbar spine; 6 sessions:** Upheld

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

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

**Decision rationale:** There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. 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. Additional visits may be rendered if the patient has documented objective functional improvement. Per the MTUS Guidelines, 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 or decrease in medication intake. Per a review of the evidence and guidelines, the request is not medically necessary.

**Acupuncture re-evaluation for the lumbar spine:** Upheld

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

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

**Decision rationale:** There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. 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 re-evaluation. Per review of evidence and guidelines, re-evaluation of lumbar spine is not medically necessary.