

<b>Case Number:</b>	CM15-0002477		
<b>Date Assigned:</b>	01/13/2015	<b>Date of Injury:</b>	12/17/2009
<b>Decision Date:</b>	03/18/2015	<b>UR Denial Date:</b>	12/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/06/2015

### 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 40-year-old male, who sustained a work related injury on 12/17/09. The diagnoses have included lumbar radiculopathy, disc disorder, depression, and bilateral knee pain. Treatment to date has included oral medications, epidural steroid injections, sacroiliac joint injection, MRI lumbar spine, acupuncture treatments and psychiatric treatment. Currently, the injured worker complains of back pain that radiates down right leg, chronic low back pain and bilateral knee pain. He rates the pain a 5/10 with medications and a 9/10 without medications. Activity level remains the same. He states pain medications are working well. Per a PR-2 from primary treating physician dated 11/26/14 on page 7, it is noted that the injured worker states the previous acupuncture treatment "has been very helpful in reducing the radiating neuropathic right leg pain symptoms, he has been able to decrease his pain." On 12/8/14, Utilization Review non-certified a request for acupuncture x 6, noting that acupuncture for 6 treatments was certified 10/22/13. Per the UR, there is no documentation as to the effectiveness of those 6 acupuncture treatments or no documentation of neuropathic pain. There is no documentation of the effectiveness of prescribed pain medications. The California MTUS, Chronic Pain Treatment Guidelines, were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture x6:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Low back and chronic pain.

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

**Decision rationale:** The Acupuncture Medical Treatment Guidelines states that acupuncture may be extended with documentation of functional improvement. Records indicate that the patient had acupuncture care in the past and was noted to be helpful in reducing the radiating neuropathic pain and right leg pain symptoms. Although the patient had decrease pain with acupuncture care, there was no documentation of functional improvement with acupuncture treatments. Therefore, the provider's request for 6 additional acupuncture sessions is not medically necessary at this time.