

<b>Case Number:</b>	CM15-0003557		
<b>Date Assigned:</b>	01/14/2015	<b>Date of Injury:</b>	05/28/2014
<b>Decision Date:</b>	03/16/2015	<b>UR Denial Date:</b>	12/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/07/2015

### 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 26 year old female, who sustained an industrial injury on May 28, 2014. She has reported low back pain following her industrial injury. The diagnoses have included low back pain, low back strain and lumbar disc bulge. Treatment to date has included pain medication which is being deferred during her pregnancy and physical therapy. Currently, the injured worker complains of low back pain. She rates the pain a 3-4 on a 10-point scale. Upon examination the injured worker's range of motion of the lumbar spine was unrestricted. There was no evidence of radiating pain to the lower extremities and tenderness was noted over the lumbar paraspinal muscles. Sensation was intact. The injured worker reported that medications do alleviate the pain; however in that she is six weeks pregnant she has not been taking medications. The evaluating physician recommended acupuncture therapy and chiropractic therapy. On December 31, 2014, Utilization Review modified a request for twelve sessions of acupuncture to the lumbar spine to six sessions of acupuncture to the lumbar spine noting that the requested twelve sessions of acupuncture exceeded the guidelines recommendations of three to six treatments. The MTUS was cited. On January 7, 2015, the injured worker submitted an application for IMR for review of twelve sessions of acupuncture to the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 2 x 6 to 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:** The Acupuncture Medical Treatment guideline recommends acupuncture for pain. It recommends a trial of 3-6 visits with a frequency of 1-3 times a week over 1-2 months to produce functional improvement. It states that acupuncture may be extended with documentation of functional improvement. Based on the submitted documents, there was no evidence that the patient had prior acupuncture care. The patient experienced low back pain. Pain medication was deferred during the patient's pregnancy. Based on the guidelines, the patient is a candidate for an initial acupuncture trial. However, the provider's request for 12 acupuncture session exceeds the guidelines recommendation for an initial acupuncture trial and therefore it is not medically necessary at this time. The guideline recommends additional acupuncture beyond the initial trial if there is documentation of functional improvement from prior acupuncture session.