

<b>Case Number:</b>	CM15-0006327		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	05/20/2014
<b>Decision Date:</b>	03/17/2015	<b>UR Denial Date:</b>	12/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/12/2015

### 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 56 year old male who sustained an industrial injury on 05/20/2014. The injured worker complains of low back pain, and cervical pain. Diagnoses include lumbago and cervicgia. Treatment has included physical therapy, and medications. A physician progress note dated 11/20/2014 documents the injured worker complains of pain the cervical spine of 6 out of ten and the pain comes and goes and is described as achy. Lumbar spine pain is 8 out of 10 and it comes and goes and is sharp. X ray of the cervical spine done on 10/23/2014 reveals endplate spurs at C5-C6, and C6-C7. Range of motion in the cervical spine is 75% of full with pain at all endpoints. He has mild positive paraspinal tenderness in the lumbar spine area. The treating physician is requesting 12 acupuncture sessions with physical therapy modalities 2 times a week for 6 weeks for the lumbar spine. On 12/19/2014 the Utilization Review non-certified the request for 12 acupuncture sessions with physical therapy modalities 2 times a week for 6 weeks for the lumbar spine, citing California Medical Treatment Utilization Schedule (MTUS)-Chronic Pain Medical Treatment Guidelines, and Acupuncture Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 acupuncture sessions with physical therapy modalities 2 times a week for 6 weeks for the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Page(s): 58.

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

**Decision rationale:** Patient has not had prior Acupuncture treatment. Provider requested initial trial of 12 acupuncture sessions with physical modalities which was non-certified by the utilization review. Per guidelines 3-6 treatments are supported for initial course of Acupuncture with evidence of functional improvement prior to consideration of additional care. Requested visits exceed the quantity of initial acupuncture visits supported by the cited guidelines. Additional visits may be rendered if the patient has documented objective functional improvement. MTUS- Definition 9792.20 (f) 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. Per guidelines and review of evidence, 12 Acupuncture visits are not medically necessary.