

<b>Case Number:</b>	CM15-0107933		
<b>Date Assigned:</b>	06/15/2015	<b>Date of Injury:</b>	02/27/2014
<b>Decision Date:</b>	07/14/2015	<b>UR Denial Date:</b>	05/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/04/2015

### 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: 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 43-year old male, with a reported date of injury of 02/27/2014. The diagnoses include bilateral lumbosacral radiculopathy, low back pain, lower extremity pain, myofascial pain syndrome, lumbar spine strain, and bilateral lumbosacral facet syndrome. Treatments to date have included bilateral transforaminal epidural steroid injection on 12/12/2014, chiropractic treatment; oral medications; and topical pain medication. The progress report dated 04/14/2015 is handwritten. The report indicates that the injured worker indicated that his employer had no modified duty. He continued to have some pain in the back with radiation to the bilateral buttock, especially with bending and twisting to each side. The physical examination showed decreased range of motion in all planes, positive bilateral lumbar facet maneuver, decreased sensation in the bilateral buttocks, and spasms in the lumbar paraspinal muscles. The treating physician requested acupuncture two times a week for four weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 2 times a week for 4 weeks:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** In reviewing the records available, it does not appear that the patient has yet undergone an acupuncture trial. As the patient continued symptomatic despite previous care, an acupuncture trial for pain management and function improvement would have been reasonable and supported by the MTUS (guidelines). The guidelines note that the amount to produce functional improvement is 3-6 treatments. The same guidelines could support additional care based on the functional improvement(s) obtained with the trial. As the provider requested initially 8 sessions, number that exceeds the guidelines recommendations without documenting any extraordinary circumstances, the request is seen as excessive, therefore not supported for medical necessity.