

<b>Case Number:</b>	CM15-0109041		
<b>Date Assigned:</b>	06/15/2015	<b>Date of Injury:</b>	04/24/2013
<b>Decision Date:</b>	07/17/2015	<b>UR Denial Date:</b>	05/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/05/2015

### 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 53 year old male, who sustained an industrial/work injury on 4/24/13. He reported initial complaints of low back pain. The injured worker was diagnosed as having lumbar strain and/or lumbar disc degeneration. Treatment to date has included medication, acupuncture, epidural steroid injection, diagnostic testing, massage therapy, and physical therapy. MRI results were reported herniated nucleus pulposus at L5-S1 and bulge at L4-5. Currently, the injured worker complains of right low back pain with tightness to the sacrum and coccyx areas improving. Massage therapy was reported as helpful. Right foot is no longer tingling. Per the primary physician's progress report (PR-2) on 5/6/15, examination revealed lumbar extension 30% with severe right lumbar pain, antalgic gait. Right hip joint space is narrowed, per diagnostics, along with sclerosis and periarticular spurring along the lateral acetabular surface and femoral head. The requested treatments include acupuncture for the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 8 sessions 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:** The Acupuncture Medical Treatment guideline states that acupuncture may be extended if there is documentation of functional improvement. The patient complained of low back pain. The patient has had acupuncture in the past. The provider reported that acupuncture was helping some. However, there was no documentation regarding functional improvement from prior acupuncture session. Therefore, the provider's request for 8 acupuncture session is not medically necessary at this time.