

<b>Case Number:</b>	CM15-0109277		
<b>Date Assigned:</b>	06/15/2015	<b>Date of Injury:</b>	09/16/2014
<b>Decision Date:</b>	07/14/2015	<b>UR Denial Date:</b>	05/26/2015
<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 26-year-old female who sustained an industrial injury on 9/16/14 when she was kicked in the back by a horse with resulting low back pain. She was treated with Norco, computed tomography of the abdomen and pelvis showing no acute findings. She currently complains of painful and tight lower back with spasms that has improved slightly. On physical exam there was tenderness, spasms and swelling with decreased range of motion of the lumbar spine. Medications are Lidopro 4% topical ointment, lansoprazole, diclofenac, cyclo-benzaprine, Tramadol. She is able to perform activities of daily living with medication use. Her pain level with medications is 3/10 and without medications is 8-9/10. Diagnoses include sprain/strain of the lumbar spine; muscle spasms; contusion of the back; lumbago; myalgia/ myositis; radiculopathy; paresthesia; sciatica. Treatments to date include medications; back brace; physical therapy; acupuncture (note dated 3/20/15, treatment 8) noted slow continued relief of back pain and prior notes document continued improvement with decreased pain and increased strength. In the progress note dated 2/19/15 the provider notes 30% improvement with acupuncture. Diagnostics include MRI of the lumbar spine (4/8/15) unremarkable. In the progress note dated 5/12/15 the treating provider's plan of care includes a request for additional acupuncture for the lumbar spine twice per week for three weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional acupuncture for the lumbar spine x 6 sessions (2 x 3): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

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

**Decision rationale:** The UR determination of 5/26/15 denied the request for additional Acupuncture, 6 sessions or 2 x 3 for management of the patient's lumbar spine residuals citing CA MTUS Acupuncture Treatment Guidelines. The reviewed records documented the patient receiving 20 Acupuncture sessions with relief obtained with prescribed medications; no report of functional gains with applied Acupuncture care. The medical records reviewed failed to establish the medical necessity of additional care by providing objective evidence of functional improvement or compliance with CA MTUS Acupuncture Guidelines for consideration of additional treatment. The request is not necessary.