

<b>Case Number:</b>	CM15-0018593		
<b>Date Assigned:</b>	02/06/2015	<b>Date of Injury:</b>	05/17/2013
<b>Decision Date:</b>	04/16/2015	<b>UR Denial Date:</b>	01/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/02/2015

### 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 47 year old female, who sustained an industrial injury on 5/17/2013. The current diagnosis is thoracolumbar spine sprain/strain. Currently, the injured worker complains of constant thoracolumbar pain. The pain is rated 2/10 at rest, and 4/10 with any repetitive use. The physical examination of the thoracolumbar spine reveals moderate tenderness over the mid and lower back region with moderate paraspinal induration consistent with paraspinal muscle spasms. Range of motion is limited. Treatment to date has included medications. The treating physician is requesting 8 acupuncture sessions to the lumbar spine, which is now under review. On 1/23/2015, Utilization Review had non-certified a request for 8 acupuncture sessions to the lumbar spine. The California MTUS Acupuncture Medical Treatment Guidelines were cited.

### 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 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 recommends a trial of 3-6 visits with a frequency of 1-3 times per week over 1-2 months to produce functional improvement. There was no evidence of prior acupuncture therapy. Therefore, a trial is medically necessary. However, the provider's request for 8 acupuncture sessions for the lumbar spine exceeds the guideline recommendation of 3-6 visits. The provider's request is not consistent with the guidelines and therefore the provider's request is not medically necessary at this time.