

<b>Case Number:</b>	CM15-0130359		
<b>Date Assigned:</b>	07/16/2015	<b>Date of Injury:</b>	01/23/2014
<b>Decision Date:</b>	08/18/2015	<b>UR Denial Date:</b>	06/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/06/2015

### 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 59-year-old female, who sustained an industrial injury on 1/23/14. She reported pain in her back, knee and leg. The injured worker was diagnosed as having lumbar radiculopathy and lumbar spinal stenosis. Treatment to date has included a L5-S1 epidural injection with greater than 70% relief for over 6 weeks, acupuncture x 6 sessions with benefit, physical therapy, Baclofen, Tramadol and Norco. As of the PR2 dated 6/1/15, the injured worker reports left leg and knee pain. She rates her pain a 7-8/10 without medications. Objective findings include a positive straight leg raise test at 30-45 degrees in L5 distribution, decreased sensation left L5 distribution and palpable spasms in the bilateral lumbar paraspinal musculature. The treating physician requested an additional acupuncture x 6 sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**#2 Acupuncture x 6 sessions:** 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 guidelines states that acupuncture may be extended with documentation of functional improvement. The patient received acupuncture in the past. According to the progress report dated 6/1/2015, it was noted that the patient completed 5 acupuncture sessions with no pain relief and that there were no changes since last visit. Based on the lack of functional improvement for previous acupuncture session, additional acupuncture is not warranted at this time. Therefore, the provider's request for an additional 6-acupuncture session is not medically necessary or appropriate at this time.