

<b>Case Number:</b>	CM15-0131046		
<b>Date Assigned:</b>	07/17/2015	<b>Date of Injury:</b>	06/20/1986
<b>Decision Date:</b>	08/13/2015	<b>UR Denial Date:</b>	07/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2015

### 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 57 year old female, who sustained an industrial injury on 6/20/1986. The medical records submitted for this review did not include documentation of the initial injury. Diagnoses include chronic lumbar spine sprain/strain, right greater than left sciatica, and radiculopathy. Treatments to date include NSAID, Ultram, TENS unit, physical therapy and acupuncture. Currently, she complained of constant lumbar spine with radiation to right lower extremity. She reported physical therapy and acupuncture treatments, ending 5/5/15, were helpful in reducing symptoms. On 6/15/15, the physical examination documented antalgic gait with guarded motion. There was tenderness with palpation and a positive straight leg raise test on the right side. The plan of care included additional acupuncture twice a week for three weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Continued Acupuncture Sessions (lumbar) 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 guidelines note that the amount of acupuncture to produce functional improvement is 3 to 6 treatments. The same guidelines read extension of acupuncture care could be supported for medical necessity "if functional improvement is documented as either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment." The patient underwent 14 acupuncture sessions in the past with temporary relief of symptoms and modest functional improvements at best documented, therefore the provider requested additional acupuncture session. In the absence of clear, sustained functional improvement (significant medication intake reduction, significant work restrictions reduction, significant activities of daily living improvement) or reporting any extraordinary circumstances to override the guidelines recommendations, the additional acupuncture x 6 fails to meet the criteria for medical necessity. The request is not medically necessary.