

<b>Case Number:</b>	CM15-0132069		
<b>Date Assigned:</b>	07/20/2015	<b>Date of Injury:</b>	04/11/2013
<b>Decision Date:</b>	08/18/2015	<b>UR Denial Date:</b>	06/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/08/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 49-year-old male sustained an industrial injury to the low back on 4/11/13. Previous treatment included physical therapy, acupuncture, epidural steroid injections and medications. Documentation did not disclose recent magnetic resonance imaging. The number of previous physical therapy sessions was unclear. In a PR-2 dated 12/18/14, the injured worker reported having 60% improvement to symptoms following a recent epidural steroid injection that lasted for two weeks. At the time of exam, the injured worker noted 30% improvement. The treatment plan included a second epidural steroid injection and continuing physical therapy. In a PR-2 dated 1/8/15, the injured worker complained of frequent pain in the back and right leg. The treatment plan included physical therapy. In the most recent documentation submitted for review, a PR-2 dated 2/5/15, the injured worker reported that a recent epidural steroid injection helped to improve symptoms by 50%. Physical exam was remarkable for decreased lumbar spine range of motion with negative straight leg raise and intact neurologic exam. Current diagnoses included lumbar herniated nucleus pulposus and right sciatica. The treatment plan included continuing physical therapy, six sessions of acupuncture.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture one times a week times four week for the lumbar spine: Overturned**

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

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

**Decision rationale:** The claimant sustained a work-related injury in April 2013 and continues to be treated for radiating low back pain. When seen, she was having back and right leg pain with giving way. There had been improvement after an epidural steroid injection. There was decreased spinal range of motion. Right straight leg raising was positive. Norco and Naprosyn were being prescribed. Guidelines recommend acupuncture as an option as an adjunct to physical rehabilitation with up to 6 treatments 1 to 3 times per week with extension of treatment if functional improvement is documented with a frequency of 1 to 3 times per week and optimum duration of 1 to 2 months. In this case, no prior acupuncture treatments are documented. The number of treatments requested is consistent with guideline recommendations and is medically necessary.