

<b>Case Number:</b>	CM15-0132082		
<b>Date Assigned:</b>	07/20/2015	<b>Date of Injury:</b>	03/11/2010
<b>Decision Date:</b>	08/21/2015	<b>UR Denial Date:</b>	07/02/2015
<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: California, North Carolina  
 Certification(s)/Specialty: Family Practice

### 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 52 year old female, who sustained an industrial injury on March 11, 2010, incurring low back injuries. She was diagnosed with lumbar radiculopathy and lumbar facet arthropathy. Treatments included pain medications, neuropathic medications, acupuncture, antidepressants and work restrictions. Currently, the injured worker complained of constant low back pain, tingling and numbness radiating down both lower extremities. The pain radiated into the buttocks and down into the right foot. The pain is aggravated by activity, bending, standing and walking. She noted restricted range of motion with extension and flexion. The treatment plan that was requested for authorization included four acupuncture sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 4 sessions:** Upheld

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

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

**Decision rationale:** The request is for 4 additional acupuncture treatments for chronic low back pain radiating into both lower extremities. Consideration for this request requires documentation of analgesic response, objective functional/vocational benefit, and associated reduction in medication usage from prior acupuncture treatments. The medical records submitted document improvement, but the description is vague and not quantified. Specific benefits are not documented allowing approval of additional treatments. There is no description of improved function and pain ratings are not decreased. The records state that the patient cannot tolerate oral medications, yet she is taking oral medications. Based on the above lack of information, this request is deemed not medically necessary.