

<b>Case Number:</b>	CM15-0132768		
<b>Date Assigned:</b>	07/20/2015	<b>Date of Injury:</b>	12/20/2013
<b>Decision Date:</b>	08/24/2015	<b>UR Denial Date:</b>	06/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/09/2015

### 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 38-year-old male, who sustained an industrial injury on 12/20/2013. Diagnoses include displacement of lumbar intervertebral disc without myelopathy and myalgia and myositis, unspecified. Treatment to date has included conservative care including medications, modified work, chiropractic care, physical therapy and the use of a transcutaneous electrical nerve stimulation (TENS) unit. Per the Primary Treating Physician's Progress Report dated 5/14/2015, the injured worker reported pain in the mid and lower back with radiation to the left leg. Pain is associated with numbness, tingling and weakness in the left leg. He also reported right shoulder pain and upper back pain. Physical examination of the cervical spine revealed tenderness to the levator scapula with full range of motion. Examination of the lumbar spine revealed range of motion to forward flexion of 25 degrees, extension of 15 degrees and side bending to 10 degrees. The plan of care included acupuncture and authorization was requested for 9 sessions of acupuncture for the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**9 sessions of acupuncture 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:** Based on the submitted documents, it appears that the patient has not tried acupuncture in the past. The patient complained of mid and lower back pain with radiation into the left leg. The Acupuncture Medical Treatment guidelines recommend acupuncture for pain. It recommends a trial of 3-6 visits over 1-2 months to produce functional improvement. It states that acupuncture may be extended with documentation of functional improvement. Therefore, 6 acupuncture sessions would be appropriate for this patient at this time. However, the provider's request for 9 acupuncture session for the lumbar spine exceeds the guidelines recommendation for an initial trial. The request is inconsistent with the evidence based guidelines and is not medically necessary and appropriate at this time.