

<b>Case Number:</b>	CM15-0144163		
<b>Date Assigned:</b>	08/05/2015	<b>Date of Injury:</b>	03/15/2004
<b>Decision Date:</b>	09/02/2015	<b>UR Denial Date:</b>	07/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/27/2015

### 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 (IW) is a 68-year-old female who sustained an industrial injury on 03/15/2004. The initial report of injury is not found in the medical records reviewed. The injured worker was diagnosed as having: Cervical spine spondylosis with stenosis; Degenerative L4-L5 spondylosis with stenosis; Bilateral lower extremity radiculitis. Treatment to date has included acupuncture. Currently, the injured worker complains of increased pain in her lumbar spine. The acupuncture for the cervical spine has one more session left and she states it is helping decrease the pain from a 10 on a scale of 0-10 to a 5 on the scale. She states her low back pain and has cramping in both legs to the back of both thighs. There is minimal notation of objective findings. The plan of care is to request acupuncture 2x3 to the low back. A request for authorization was made for the following: Acupuncture 2 times a week for 3 weeks lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 2 times a week for 3 weeks lumbar spine:** Overturned

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

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

**Decision rationale:** In reviewing the records available, it does not appear that the patient has yet undergone an acupuncture trial for the lumbar spine (prior acupuncture targeted the neck and upper shoulders). As the patient continued symptomatic despite previous care, the acupuncture trial requested for pain management and function improvement of low back is supported by the MTUS. The MTUS (guidelines) note that the number of acupuncture sessions to produce functional improvement is 3-6 treatments. The guidelines also states that extension of acupuncture care could be supported for medical necessity based on function improvement obtained with the trial. Therefore, the request for six acupuncture sessions is within guidelines, appropriate, and medically necessary.