

<b>Case Number:</b>	CM15-0162318		
<b>Date Assigned:</b>	08/28/2015	<b>Date of Injury:</b>	08/21/2013
<b>Decision Date:</b>	09/30/2015	<b>UR Denial Date:</b>	07/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2015

### 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 56 year old male with an industrial injury dated 08-21-2013. The injury is documented as occurring while he was taking steel skids from one crate and putting them into another. He felt a pop in his lower back and could not straighten up. His diagnoses included lumbar sprain-strain, lumbar radiculopathy right lumbar 5 and sacral 1, lumbar disc disease, myofascial pain, lumbar contusion and thoracic contusion. Prior treatment included epidural injections, diagnostics, and home exercise program, TENS, ultrasound, physical therapy, acupuncture (helped), chiro-therapy, trigger point injections, lumbar epidural steroid injection and medications. He presents on 07-10-2015 with complaints of low back pain rated as 6 out of 10. The pain radiated down both legs with numbness and tingling. Work status was light duty. Physical exam noted tenderness to bilateral thoracolumbar areas. There was muscle tightness to paravertebral muscles and sacroiliac joint and gluteal tenderness. Tactile sensory was decreased at lumbar 4, lumbar 5 and sacral 1 distribution on the right. Treatment request is for acupuncture 3 x 4 lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 3x4 lumbar spine:** Upheld

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

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

**Decision rationale:** The 7/23/15 UR determination denied the request for 12 Acupuncture sessions to manage the patient's lower back citing CAMTUS Acupuncture Treatment Guidelines. The patient's prior history of care does include Acupuncture management but the number of completed visits and evidence of documented functional was not provided as required by the CAMTUS Acupuncture Treatment Guidelines. The medical necessity for additional Acupuncture was not provided in the reviewed records or compliant with the prerequisites for consideration of additional care per CAMTUS Acupuncture Treatment Guidelines. Therefore, the request is not medically necessary.