

<b>Case Number:</b>	CM15-0166391		
<b>Date Assigned:</b>	09/04/2015	<b>Date of Injury:</b>	11/21/2014
<b>Decision Date:</b>	10/06/2015	<b>UR Denial Date:</b>	08/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/24/2015

### 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 is a 58 year old male, who sustained an industrial injury on 11-21-14. The injured worker was diagnosed as having lumbar disc displacement without myelopathy. Treatment to date has included 25 acupuncture sessions, which was noted to have shown significant functional improvement. Physical examination findings on 7-20-15 included spasms and tenderness to bilateral lumbar paraspinal muscles from L1-S1, Kemp's test was positive bilaterally, Yeoman's test was positive bilaterally, and the left patellar reflex was decreased. Currently, the injured worker complains of lumbar spine pain with radiation to bilateral lower extremities. The treating physician requested authorization for acupuncture 3x2 for the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture treatment 3 times a week for 2 weeks for the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Acupuncture Treatment Guidelines, and Chronic Pain Treatment Guidelines.

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

**Decision rationale:** The guidelines note that the amount of acupuncture to produce functional improvement is 3 to 6 treatments. The same guidelines read extension of acupuncture care could be supported for medical necessity "if functional improvement is documented as either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment". After twenty-five prior acupuncture sessions (reported as beneficial), the patient continues symptomatic, taking oral medication and no evidence of a reduction in the dependency on continued medical treatment was provided to support the reasonableness and necessity of the additional acupuncture requested. Therefore, based on the lack of documentation demonstrating a reduction in the dependency on continued medical treatment, medication intake reduction, work restrictions reduction (patient continues totally disable), or reporting any extraordinary circumstances to override the guidelines recommendations, the additional acupuncture x 6 fails to meet the criteria and is not medically necessary.