

<b>Case Number:</b>	CM15-0167610		
<b>Date Assigned:</b>	09/08/2015	<b>Date of Injury:</b>	02/03/2006
<b>Decision Date:</b>	10/07/2015	<b>UR Denial Date:</b>	08/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2015

### 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:

This injured worker is a 52 year old male with a date of injury of 2-03-2006. Diagnoses include lumbar sprain and strain and rule out intervertebral derangement. Treatment to date has included conservative measures including diagnostics, medications, chiropractic and acupuncture. Per the Primary Treating Physician's Progress Report (PR-2) dated 7-23-2015, the injured worker reported lower back pain rated as 8 out of 10 in severity, and with medications 5-6 out of 10 in severity. Objective findings of the lumbar spine included diminished range of motion, muscle splinting, tenderness to palpation and positive orthopedic testing. The plan of care included and orthopedic referral and continuation of acupuncture and authorization was requested for 8 additional sessions of acupuncture over 4 weeks for the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 Additional sessions of acupuncture over 4 weeks for the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**Decision rationale:** The Acupuncture Treatment guideline states that acupuncture may be extended with documentation of functional improvement. The patient complained of low back pain. There was no documentation of functional improvement from prior acupuncture sessions. Therefore, the provider's request for 8 additional acupuncture sessions for the lumbar spine is not medically necessary at this time. Additional acupuncture beyond the initial 6 visits is recommended if there was documentation of functional improvement from prior session.