

<b>Case Number:</b>	CM15-0169063		
<b>Date Assigned:</b>	09/09/2015	<b>Date of Injury:</b>	01/15/2012
<b>Decision Date:</b>	10/13/2015	<b>UR Denial Date:</b>	08/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2015

### 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: 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 01-15-2012. The mechanism of injury was not made known. According to the most recent progress report submitted for review and dated 07-28-2015, the injured worker was seen for increased right hip cold pain radiating down the thigh to the right ankle. Objective findings included left sided foot flat antalgic gait and awkward gain. Examination of the thoracic spine demonstrated hypertonicity, spasm and tenderness of the paravertebral muscles on both sides. Spinous process tenderness was noted. Examination of the lumbar spine demonstrated tenderness over the lumbo sacral junction thoracolumbar junction. Diagnosis included radiculopathy. The treatment plan included acupuncture 2 times per week for 3 weeks of the low back. The injured worker was temporarily totally disabled. Included in the records submitted for review were 2 reports dated 02-13-2015 and 02-14-2015 indicating that the injured worker had acupuncture on those dates. There was no acupuncture progress reports submitted for review. On 08-07-2015, Utilization Review non-certified acupuncture sessions for the low back, noting that there was limited evidence of objective and functional improvement with the previously completed acupuncture.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture sessions for the low back:** Upheld

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

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

**Decision rationale:** The patient complained of increased hip pain with radiation down the thigh and to the right ankle. According to the progress report dated 3/30/2015, the provider reported that the patient has tried acupuncture. It was effective for pain control and pain relief. However, there was no documentation of functional improvement from acupuncture treatments in the past. The guideline states that acupuncture may be extended with documentation of functional improvement. In the absence of functional improvement from previous acupuncture sessions, the provider's request for additional acupuncture session for the low back is not medically necessary at this time.