

<b>Case Number:</b>	CM15-0169637		
<b>Date Assigned:</b>	09/10/2015	<b>Date of Injury:</b>	07/03/2006
<b>Decision Date:</b>	10/13/2015	<b>UR Denial Date:</b>	08/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2015

### 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 65 year old male who sustained an industrial injury on 07-03-2006. The injured worker was diagnosed with multi-level lumbar degenerative disc disease and sacroiliac (SI) joint pain. No surgical interventions were documented. According to the primary treating physician's progress report on July 1, 2015, the injured worker continues to experience low back pain. Examination of the lumbar spine demonstrated tenderness to palpation of the lumbosacral junction and bilaterally sacroiliac joint regions. Irritation of the skin at the sacroiliac area from regular pad placements and redness of the left arm from the Butrans parch was noted. Prior treatments documented to date have included acupuncture therapy weekly (12 sessions completed) from February to July 23, 2015, transcutaneous electrical nerve stimulation (TEN's) unit with recent irritation improving with triple antibiotic ointment, right sacroiliac (SI) joint injection on 03-18-2015, ice treatment and medication patch. Current medication was noted as Butrans 15mcg patch. Treatment plan consists of continuing with acupuncture therapy, Butrans pain patch, conservative measures and follow-up in 6-8 weeks. On August 5, 2015 the provider requested authorization for additional acupuncture therapy times 6 sessions. The Utilization Review determined the request for acupuncture therapy times 6 sessions were not medically necessary on 08-11-2015 due to lack of documentation of functional improvement from prior treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture (x6): Upheld**

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

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

**Decision rationale:** According to evidenced based guidelines, further acupuncture after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. The claimant has had prior acupuncture of unknown quantity and duration and had subjective benefits. However, the provider fails to document objective functional improvement associated with acupuncture treatment. Therefore further acupuncture is not medically necessary.