

<b>Case Number:</b>	CM15-0181093		
<b>Date Assigned:</b>	09/22/2015	<b>Date of Injury:</b>	10/23/2010
<b>Decision Date:</b>	11/03/2015	<b>UR Denial Date:</b>	08/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/14/2015

### 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 46 year old female, who sustained an industrial injury on 10-23-2010. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for lumbar disc herniation and leg radiculitis. Medical records (05-21-2015 to 08-11-2015) indicate ongoing low back pain with pain in both legs (right greater than left). Per the progress report (PR) (dated 08-11-2015), acupuncture helps reduce pain with medications and allows the IW to work. Pain levels were not mentioned on the PRs; however, acupuncture notes indicate a recent fall and decreasing pain levels and decreased numbness and tingling with acupuncture. There were no reported changes in activity levels or daily function. Per the treating physician's progress report (PR), the IW has returned to work without restrictions. The physical exam, dated 08-11-2015, revealed positive straight leg raise on the left. This was unchanged from previous exam. Relevant treatments have included physical therapy (PT), 16 sessions of acupuncture, work restrictions, and pain medications. The request for authorization (08-11-2015) shows that the following therapy was requested: 9 sessions of acupuncture-manual stimulation (3 times per month for 3 months). The original utilization review (08-14-2015) non-certified the request for 9 additional acupuncture session based on lack of documented flare-up and significant sustained improvement from previous acupuncture treatments.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Acupuncture 3 times a month for 3 months (9 visits): 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 guidelines states that acupuncture may be extended with documentation of functional improvement. Records indicated that the patient has had past acupuncture treatments. However, there was no documentation regarding functional improvement from prior acupuncture session. Therefore, the provider's request for acupuncture 3 times a month for 3 months is not medically necessary at this time.