

<b>Case Number:</b>	CM15-0190372		
<b>Date Assigned:</b>	10/02/2015	<b>Date of Injury:</b>	01/21/2015
<b>Decision Date:</b>	11/13/2015	<b>UR Denial Date:</b>	09/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/28/2015

### 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 23 year old male with an industrial injury dated 01-21-2015. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar sprain and strain to rule out degenerative disc disease, left buttocks pain, left leg pain, left hip and myofascial pain. In a progress report dated 08-20-2015, the injured worker reported muscle tightness around his left hip and low back. The injured worker reported low back pain with radiation to left extremity with numbness and weakness. The injured worker is currently not working. The injured worker reported that the chiropractic and acupuncture sessions are very helpful to improve functionality. According to the progress note dated 08-27-2015, the injured worker reported pain continues to limit function and mobility. Current medications: Lidopro. The injured worker reported that the pain is improved by 50-60% with medication. Pain level was 5 out of 10 on a visual analog scale (VAS). Physical exam (08-27-2015) was not performed. Treatment has included Magnetic Resonance Imaging (MRI) of left hip and pelvis, prescribed medications, transcutaneous electrical nerve stimulation (TENS) unit, heating pad, chiropractic sessions, acupuncture sessions, and periodic follow up visits. Medical records indicate that the injured worker has been treated with both chiropractic treatment and acupuncture therapy without significant evidence of functional improvement or significant decrease in pain. The number of treatments was not clearly indicated in the submitted medical documentation. The treating physician prescribed services for acupuncture 1 time a week for 6 weeks. The utilization review dated 09-03-2015, non-certified the request for acupuncture 1 time a week for 6 weeks.

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

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

**Acupuncture 1 time a week for 6 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment 2007.  
Decision based on Non-MTUS Citation Official Disability Guidelines, Acupuncture.

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

**Decision rationale:** The utilization review document of 9/3/15 denied the request for acupuncture treatment, six visits citing CA MTUS acupuncture treatment guidelines. The reviewed medical records did not disclose the patient's prior treatment history of completed acupuncture visits or any documentation of clinically significant objective and functional progression with the application of prior acupuncture treatment. There was no evidence of change in the patient's symptoms, compared examination, work status or reduction in medications and no clear objective progression demonstrated. The medical necessity for continuation of acupuncture treatment, six visits was not supported by the reviewed medical records or compliant with the CA MTUS acupuncture treatment prerequisites, which require objective clinical evidence of functional improvement before consideration of additional treatment. Therefore, the request is not medically necessary.