

<b>Case Number:</b>	CM15-0196010		
<b>Date Assigned:</b>	10/09/2015	<b>Date of Injury:</b>	11/19/2014
<b>Decision Date:</b>	11/24/2015	<b>UR Denial Date:</b>	09/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/05/2015

### 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 41 year old male who sustained an industrial injury 11-19-14. A review of the medical records reveals the injured worker is undergoing treatment for musculoligamentous sprain-strain lumbar spine, and possible herniated nucleus pulposus. Medical records (08-11-15) reveal the injured worker complains of low back pain rated at 7/10. The physical exam (08-11-15) reveals tenderness to palpation over the lumbar spine, right sacroiliac joint, as well as pain and spasm with motion of the lumbar spine, hypoesthesia over the right anterior quadrant, radiating low back pain into the right calf and foot, numbness over the gluteal muscles, right thigh, and bottoms of the feet. Prior treatment includes medications. The original utilization review (09-08-15) on certified the request for 6 acupuncture treatments to the lumbar spine. Per a PR-2 dated 7/7/15, acupuncture is not helping.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 2 times a week for 3 weeks to lumbar spine:** 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 inconsistent subjective benefits. However, the provider fails to document objective functional improvement associated with acupuncture treatment. Therefore further acupuncture is not medically necessary.