

<b>Case Number:</b>	CM15-0197937		
<b>Date Assigned:</b>	10/13/2015	<b>Date of Injury:</b>	06/30/2014
<b>Decision Date:</b>	11/20/2015	<b>UR Denial Date:</b>	09/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2015

### 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: 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 58 year old male, who sustained an industrial injury on 6-30-14. The injured worker is diagnosed with lumbar myalgia, lumbar myospasm, dizziness, headaches and nosebleeds. His work status is modified duty. A note dated 8-24-15 reveals the injured worker presented with complaints of low back pain, dizziness and headaches accompanied by nosebleeds (right greater than left). A physical examination dated 8-24-15 revealed tenderness, guarding and spasm over the right lumbar paravertebral regions bilaterally. The seated straight leg raise test is positive on the right. Noticeable trigger points in the paraspinal muscles bilaterally (right greater than left) and range of motion is restricted due to pain and spasm. Prior treatments and the therapeutic response were not included. Diagnostic studies were not included in the documentation. A request for authorization dated 8-24-15 for acupuncture 2 times a week for 3 weeks for the lumbar spine is non-certified, per Utilization Review letter dated 9-8-15.

### 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 for the lumbar spine:** Overturned

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

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

**Decision rationale:** In reviewing the records available, it does not appear that the patient has yet undergone an acupuncture trial. As the patient continued symptomatic, with reduced range of motion, the acupuncture trial requested for pain management and function improvement is supported by the MTUS (guidelines). The MTUS (guidelines) note that the number of acupuncture sessions to produce functional improvement is 3-6 treatments. The guidelines also states that extension of acupuncture care could be supported for medical necessity based on function improvement obtained with the trial. Therefore the request for six acupuncture sessions is within guidelines, appropriate, and medically necessary.