

<b>Case Number:</b>	CM15-0204500		
<b>Date Assigned:</b>	10/21/2015	<b>Date of Injury:</b>	01/27/2015
<b>Decision Date:</b>	12/02/2015	<b>UR Denial Date:</b>	10/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/19/2015

### 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 35 year old male, who sustained an industrial injury on 1-27-2015. The injured worker is undergoing treatment for: low back pain, lumbosacral strain and radiculopathy. On 9-10-15, he reported low back pain. He rated his pain 2 out of 10 and indicated it radiated to the bilateral lower extremities, with associated numbness and tingling in the ankles and feet. The provider noted that in May 2015, he was "recommended another course of acupuncture therapy". Physical examination revealed normal lumbar lordosis, tenderness in the low back and bilateral sacroiliac joints, muscle spasm in the low back, decreased lumbar range of motion, negative bilateral straight leg raise and positive bilateral hamstrings tightness and Kemp's testing, intact motor and sensory. There is no discussion of the efficacy of the already completed acupuncture sessions. The treatment and diagnostic testing to date has included: MRI of the lumbar spine (3-20-15), multiple acupuncture sessions, multiple physical therapy sessions, Toradol injection, pain management, electrodiagnostic studies (July 2015). Medications have included: Relafen. Current work status: modified. The request for authorization is for: acupuncture two times weekly for four weeks for the lumbosacral spine. The UR dated 10-13-2015: non-certified the request for acupuncture two times weekly for four weeks for the lumbosacral spine.

### 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 4 weeks for lumbosacral spine:** Upheld

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

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

**Decision rationale:** The October 13, 2015 utilization review document referenced denial of a treatment request for eight acupuncture visits provided two times per week for four weeks to the patient's lumbar spine citing CA MTUS acupuncture treatment guidelines. The patient's medical history of treatment includes a prior course of acupuncture, six of six approved visits to manage the patient's lower back completed on 6/4/15. Although the patient did report some relief pain, VAS remains consistent with similar pain complaints prior to initiation of acupuncture care. Although an additional course of acupuncture was requested, the medical necessity for initiation of eight additional visits was not consistent with the prerequisites for consideration of additional care per CA MTUS acupuncture treatment guidelines that require evidence of functional improvement prior to consideration of additional treatment. None was provided. The medical necessity for the additional eight visits of acupuncture as requested is not supported by the reviewed medical records or the prerequisites for treatment per CA MTUS acupuncture treatment guidelines. Therefore, the request is not medically necessary.