

<b>Case Number:</b>	CM15-0205002		
<b>Date Assigned:</b>	10/21/2015	<b>Date of Injury:</b>	08/26/2014
<b>Decision Date:</b>	12/08/2015	<b>UR Denial Date:</b>	09/22/2015
<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 53 year old male, who sustained an industrial injury on 08-26-2014. A review of the medical records indicates that the worker is undergoing treatment for lumbar herniated nucleus pulposus at L5-S1, lumbosacral radiculopathy and lumbosacral facet arthropathy. Treatment has included pain medication, acupuncture and lumbar epidural steroid injection, Subjective complaints (07-13-2015, 08-10-2015 and 09-14-2015) included pain in the low back rated as 9-10 out of 10. Objective findings (07-13-2015) revealed decreased range of motion of the lumbar spine, tenderness to palpation of the lumbar paravertebral muscles, paresthesia in the left lower extremity in the S1 distribution and decreased sensation in the left S1 distribution. The treatment plan included a lumbar epidural steroid injection, which was received on 07-22-2015. Objective findings (08-10-2015 and 09-14-2015) included decreased range of motion of the lumbar spine, tenderness to palpation of the paravertebral muscles and sacroiliac joint, decreased deep tendon reflexes in the bilateral lower extremities and decreased sensation in the left leg. During the 08-10-2015, the physician noted that there was no significant improvement seen from lumbar epidural steroid injection and that due to lack of improvement, the injured worker would try a course of acupuncture to help with symptoms On 09-14-2015, the physician noted that the worker had three acupuncture visits with some temporary relief of symptoms and wanted to try additional acupuncture. There was no documentation of significant pain relief or objective functional improvement with these sessions. A utilization review dated 09-22-2015 non-certified a request for acupuncture two times a week for four weeks for the low back.

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

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

**Acupuncture two times a week for four weeks for low back:** 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 trial with temporary subjective benefits. However, the provider fails to document objective functional improvement associated with acupuncture treatment. Therefore, further acupuncture is not medically necessary.