

<b>Case Number:</b>	CM15-0208993		
<b>Date Assigned:</b>	10/28/2015	<b>Date of Injury:</b>	03/22/2012
<b>Decision Date:</b>	12/14/2015	<b>UR Denial Date:</b>	10/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2015

### 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, Montana

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 34 year old male, who sustained an industrial injury on 03-22-2012. A review of the medical records indicates that the worker is undergoing treatment for lumbar discopathy, lumbar radiculopathy and lumbar sprain-strain. Treatment has included Ibuprofen, Ultracet, at least 6 sessions of physical therapy and at least six sessions of chiropractic-physiotherapy. Subjective complaints (06-23-2015, 07-08-2015 and 09-29-2015) included increasing low back pain. Objective findings (06-23-2015, 07-08-2015 and 09-29-2015) included tenderness and myospasm of the lumbar spine, pain with range of motion of the lumbar spine, low back pain with bilateral Kemp's test, positive Faber's test on the right and low back pain with straight leg raise bilaterally. The plan of care included six chiropractic-physiotherapy visits. Documentation shows that 6 chiropractic physiotherapy sessions were received between July and August 2015. There was no documentation that indicated previous acupuncture had been received. There was no significant pain relief or objective functional improvement documented with physical therapy or chiropractic physiotherapy. The physician noted that the injured worker was reporting more stiffness and soreness since stopping treatment and noted that a trial of six acupuncture visits was being requested. A utilization review dated 10-16-2015 non-certified a request for acupuncture, 6 sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture, 6 sessions:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment 2007, and Chronic Pain Medical Treatment 2009, Section(s): Functional improvement measures.

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

**Decision rationale:** Provider requested initial trial of 6 acupuncture sessions which were non-certified by the utilization review. Per guidelines, 3-6 treatments are supported for initial course of Acupuncture with evidence of functional improvement prior to consideration of additional care. Requested visits are within cited guidelines therefore medically necessary. Additional visits may be certified if the patient has documented objective functional improvement. MTUS-Definition 9792.20 (f) Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam. Per guidelines and review of evidence, 6 Acupuncture visits are medically necessary.