

<b>Case Number:</b>	CM15-0209929		
<b>Date Assigned:</b>	10/28/2015	<b>Date of Injury:</b>	12/20/2014
<b>Decision Date:</b>	12/09/2015	<b>UR Denial Date:</b>	09/29/2015
<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

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 36 year old female, who sustained an industrial-work injury on 12-20-14. She reported initial complaints of lumbar pain. The injured worker was diagnosed as having lumbar strain, right lower extremity radiculitis. Treatment to date has included oral and topical medication, chiropractic sessions (short-term relief), physical therapy, acupuncture x 8 ("no help") and transcutaneous electrical nerve stimulation (TENS) unit. Currently, the injured worker complains of pain, numbness, and tingling down the right leg including the groin region. Pain affected sleep due to leg pain. Per the primary physician's progress report (PR-2) on 7-20-15, exam noted decreased range of motion to the lumbar spine, positive straight leg raise at 70 on left and 60 on right, patellars 1-2+ bilaterally, great toe dorsiflex 3 out of 5, paresthesia down right leg to level of toes. The Request for Authorization requested service to include Acupuncture 2 x 5. The Utilization Review on 9-29-15 denied the request for Acupuncture 2 x 5.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 2 x 5:** Upheld

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

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

**Decision rationale:** The guidelines indicate that the number of acupuncture sessions to produce functional improvement is 3-6 treatments and also states that extension of acupuncture care could be supported for medical necessity "if functional improvement is documented as either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment." The patient already underwent eight acupuncture sessions without any objective improvements documented (function-activities of daily living improvement, medication reduction, work restrictions reduction, etc). In the absence of evidence of significant quantifiable response to treatment obtained with previous acupuncture care and documenting the extraordinary circumstances to support a number of sessions exceeding the guidelines (x 8), the request for additional acupuncture is not medically necessary.