

<b>Case Number:</b>	CM15-0024608		
<b>Date Assigned:</b>	02/17/2015	<b>Date of Injury:</b>	10/03/2011
<b>Decision Date:</b>	04/08/2015	<b>UR Denial Date:</b>	02/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/09/2015

### 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: Ohio

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 61-year-old female injured worker suffered an industrial injury on 10/3/2011. The diagnoses were complex regional pain syndrome and lumbar spondylosis with radiculopathy. The treatments were lumbar fusion and acupuncture. The treating provider reported constant low back pain 7/10 with radiation to the lower extremities with numbness and tingling to the right foot. On exam there was tenderness guarding and audible crepitation on range of motion. The Utilization Review Determination on 2/6/2015 non-certified Acupuncture 2x4 (two times a week for four weeks) for the Lumbar Spine, MTUS guidelines was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 2x4 (two times a week for four weeks) for the Lumbar Spine:** Upheld

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

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

**Decision rationale:** PR-2 dated 1/20/15 notes the patient had acupuncture in the past and this helped her significantly with radiculopathy. The results of the previous acupuncture treatment

are not documented. MTUS acupuncture medical treatment guidelines state that acupuncture treatments may be extended to functional improvement is documented. Based on the MTUS acupuncture medical treatment guidelines and the lack of objective functional improvement from previous acupuncture treatment, the request for acupuncture two times a week for four weeks for the lumbar spine is not medically necessary.