

<b>Case Number:</b>	CM15-0221504		
<b>Date Assigned:</b>	11/17/2015	<b>Date of Injury:</b>	08/01/2014
<b>Decision Date:</b>	12/31/2015	<b>UR Denial Date:</b>	10/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/11/2015

### 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 42 year old male who sustained an industrial injury 08-01-14. A review of the medical records reveals the injured worker is undergoing treatment for neck and lumbar sprain-strain, and bilateral carpal tunnel syndrome. Medical records (08-26-15) reveal the injured worker complains of neck and back pain with numbness in his hips. He also reports wrist pain. Pain is rated at 4-6/10. The physical exam (08-26-15) reveals hypothesis in the bilateral hands. Noted are handwritten and difficult to decipher. Prior treatment includes wrist splints and medications, as well as an unknown number of acupuncture and chiropractic treatments. The original utilization review (10-19-15) non certified the request for 10 acupuncture treatments to the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture-lumbar spine 2x5:** Upheld

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

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

**Decision rationale:** The utilization review document of 10/19/2015 denied the 9/24/15 treatment request for acupuncture treatment to the patient's lumbar spine, 10 sessions citing CA MTUS acupuncture treatment guidelines. The utilization review document of 10/19/2015 denied the 9/24/15 treatment request for acupuncture treatment to the patient's lumbar spine, 10 sessions citing CA MTUS acupuncture treatment guidelines. A review of prior medical records includes a 9/1/15 utilization review document addressing the patient completing 24 acupuncture sessions and 10 chiropractic treatments. This was preceded by an adverse determination for additional acupuncture, 18 sessions for cervical and lumbar spine management. The 8/19/15 document addressed prior acupuncture management of 36 visits exceeding guideline recommendations for continued care. There was no evidence of objective measurements of improvement. Records also reflect that approximate 15 acupuncture visits had been provided from 7/2/15 to 9/8/15 again without documentation of functional improvement. The reviewed medical records do not support a continued treatment course of 10 additional acupuncture visits based on the absence of objective evidence of functional improvement that per CA MTUS acupuncture treatment guidelines is required for consideration of additional care. Therefore, this request is not medically necessary.