

<b>Case Number:</b>	CM15-0222649		
<b>Date Assigned:</b>	11/18/2015	<b>Date of Injury:</b>	04/18/2012
<b>Decision Date:</b>	12/31/2015	<b>UR Denial Date:</b>	10/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2015

### 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 67 year old female, who sustained an industrial injury on 4-18-2012. The injured worker is undergoing treatment for low back pain, degenerative lumbar disc, bulging disc, herniated nucleus pulposus (HNP), spinal stenosis and lumbar facet joint syndrome. Medical records dated 9-9-2015 and 9-28-2015 indicate the injured worker complains of non-radiating back pain rated 7-10 out of 10. Physical exam dated 9-28-2015 notes an antalgic gait, lumbar paraspinal tenderness to palpation, decreased range of motion (ROM) and positive facet joint maneuvers. Treatment to date has included magnetic resonance imaging (MRI), labs, acupuncture "with moderate to excellent pain relief," medication, aquatic therapy and activity alteration. The original utilization review dated 10-13-2015 indicates the request for acupuncture X 8 to the low back is non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 8 visits for the low back:** 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 October 14, 2015 denied the treatment request for eight acupuncture visits to the patient's lower back citing CA MTUS acupuncture treatment guidelines. The reviewed medical records accompanying this request for acupuncture care provided treating diagnoses of lower back pain, degenerative disc disease, bulging disc, spinal stenosis and HNP but no actual physical findings supporting these diagnoses was provided. In addition to the absence of any functional deficits on examination the request failed to identify the patient's prior treatment history to include acupuncture and if provided what evidence of functional improvement arose from this applied care. The reviewed medical records which did not supply evidence of functional deficits necessitating care would not support initiation of a continue treatment plan if care had been previously provided or an initial plan of acupuncture care given the absence of functional deficits necessitating treatment. The medical necessity for care, eight visits of acupuncture to the patient's lower back was not supported by the reviewed medical records or compliant with CA MTUS acupuncture treatment guidelines prerequisites. The request is not medically necessary.