

<b>Case Number:</b>	CM15-0030581		
<b>Date Assigned:</b>	02/24/2015	<b>Date of Injury:</b>	09/19/2014
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	02/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/18/2015

### 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 45 year old female who sustained an industrial injury on 09/19/2014. Diagnoses include lumbar strain, quadratus lumborum strain and ligament/muscle strain and spasm. Treatment to date has included medications, and acupuncture. A physician progress note dated 01/22/2015 documents the injured worker has continued sharp aching pain, and stabbing sensation in the lumbar spine and it radiates from the hips to the lower extremities. Baseline pain is rated 5-7 out of 10. There is limited range of motion in the lumbar spine and tenderness to palpation in the lumbar paraspinals. Acupuncture has helped to alleviate the pain by 30%, and the treatment plan is for additional acupuncture 3 times a week for 3 weeks to the lumbar spine. Treatment requested is for Acupuncture 3x3 lumbar spine. Per a Pr-2 dated 2/20/2015, the claimant has failed with conservative measures. Six acupuncture sessions did alleviate pain 20%. The provider is proceeding with trigger point injections.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 3x3 lumbar spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** According to evidenced based guidelines, further acupuncture after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. The claimant has had prior acupuncture with inconsistent reported decrease of pain. However, the provider fails to document objective functional improvement associated with acupuncture treatment. Therefore, further acupuncture is not medically necessary.