

<b>Case Number:</b>	CM15-0031691		
<b>Date Assigned:</b>	02/25/2015	<b>Date of Injury:</b>	09/20/2014
<b>Decision Date:</b>	04/07/2015	<b>UR Denial Date:</b>	02/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/19/2015

### 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:

This 45 year old female sustained a work related injury on 09/20/2014. According to a progress report dated 01/08/2015, the injured worker had pain in her lumbosacral region that radiated to the left side around her hip. She also experienced pain in the tail bone/coccyx region. Treatments have included Ibuprofen and physical therapy. The impression was noted as degeneration of lumbar intervertebral disc. MRI of the lumbar spine showed moderate degenerative change present at L2-3 and L5-S1. On 01/29/2015 the provider made notation of the request for acupuncture to the lumbar spine 2 x 4 weeks. The injured worker was to return to modified duty. On 02/12/2015, Utilization Review non-certified initial acupuncture 2 x 4 low back. Official Disability Guidelines and CA MTUS Chronic Pain and Acupuncture Treatment Guidelines were referenced. The decision was appealed for an Independent Medical Review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Initial Acupuncture 2 Times A Week for 4 Weeks:** Upheld

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

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

**Decision rationale:** In reviewing the records available, it does not appear that the patient has yet undergone an acupuncture trial. As the patient continued symptomatic despite previous care acupuncture trial for pain management and function improvement would have been reasonable and supported by the MTUS (guidelines). The guidelines note that the amount to produce functional improvement is 3-6 treatments. The same guidelines could support additional care based on the functional improvement(s) obtained with the trial. As the provider requested initially 8 sessions, number of visits that exceeds the amount recommended by the guidelines without documenting any extraordinary circumstances, the request is seen as excessive, therefore not supported for medical necessity.