

<b>Case Number:</b>	CM15-0032768		
<b>Date Assigned:</b>	02/26/2015	<b>Date of Injury:</b>	10/04/2010
<b>Decision Date:</b>	04/15/2015	<b>UR Denial Date:</b>	02/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/23/2015

### 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:

The injured worker is a 68 year old female, who sustained an industrial injury on October 4, 2010. She reported back pain. The injured worker was diagnosed as having lumbosacral spondylosis without myelopathy, degeneration of thoracic or lumbar intervertebral disc, and spinal stenosis of lumbar region. Treatment to date has included home exercise program, and a lumbar brace. A peer review report dated February 20, 2015, indicates information received from a progress note dated February 9, 2015 which reveals the injured worker has continued low back pain with radiation into the right leg. She reports having an electrical sensation. This report indicates physical findings were noted as a positive right straight leg raise test, and a negative left straight leg raise test, deep tender reflexes in the leg are absent, motor function is within normal limits, and she has an intact sensory function. There are no other medical records available for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trial Acupuncture 2 x week x 4 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Effective

July 18, 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Work Loss Data Institute, Low Back Lumbar & Thoracic (Acute & Chronic).

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

**Decision rationale:** In reviewing the records available (utilization review determination), it does not appear that the patient has yet undergone acupuncture care. An acupuncture trial for pain management and function improvement could have been reasonable and supported by the MTUS (guidelines) for a symptomatic condition. 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 that exceeds the guidelines recommendations without documenting any extraordinary circumstances, the request is seen as excessive, therefore not supported for medical necessity.