

<b>Case Number:</b>	CM15-0033225		
<b>Date Assigned:</b>	03/03/2015	<b>Date of Injury:</b>	03/25/2013
<b>Decision Date:</b>	04/09/2015	<b>UR Denial Date:</b>	02/11/2015
<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: 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 29 year old male, who sustained a work related injury on 3/25/13. He was picking up products and felt pain in his back. The diagnoses have included lumbar sprain/strain, lumbar disc degeneration, thoracic sprain/strain and lumbar disc displacement. Treatments to date have included chiropractic treatments, physical therapy, oral medications, activity modifications and previous acupuncture sessions. In the PR-2 dated 1/8/15, the injured worker complains of occasional, moderate "achy" upper/mid back pain. He also complains of occasional, moderate "achy" low back pain. He has tenderness to palpation of upper and thoracic spine musculature. Kemp's is negative. He has tenderness of bilateral sacroiliac joints and lumbar paravertebral musculature. He has spasm to palpation of low back musculature. Straight leg raise is positive. On 2/11/15, Utilization Review non-certified a request for acupuncture to lumbar and thoracic spine 1x/week x 4 weeks. The Acupuncture Medical Treatment Guidelines and ACOEM Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture to the lumbar spine and thoracic spine 4 treatments (1 per week): Upheld**

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

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

**Decision rationale:** Patient has had prior acupuncture treatment. Provider requested additional 4 acupuncture sessions which were non-certified by the utilization review. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Additional visits may be rendered if the patient has documented objective functional improvement. Per MTUS guidelines, Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam or decrease in medication intake. Per review of evidence and guidelines, 4 acupuncture treatments are not medically necessary.