

<b>Case Number:</b>	CM15-0034700		
<b>Date Assigned:</b>	03/03/2015	<b>Date of Injury:</b>	12/16/1999
<b>Decision Date:</b>	10/28/2015	<b>UR Denial Date:</b>	01/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2015

### 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 63 year old female, who sustained an industrial injury on 12-16-1999. She has reported subsequent low back and bilateral lower extremity pain and was diagnosed with protrusion of 6 mm at L4-L5 and 3 mm at L5-S1 with radiculopathy. There was no discussion of any imaging studies that may have been performed and there were no imaging results submitted. Disability status was documented as permanent and stationary. Treatment to date has included pain medication, chiropractic treatment, acupuncture and LSO brace. Acupuncture was noted to decrease swelling and improve range of motion but there were no acupuncture treatment notes included for review and there was no indication as to how many acupuncture visits had been received, when they were received and to which body part(s) they were applied. In a progress note dated 01-02-2015, the injured worker reported low back and bilateral lower extremity symptoms, rated as 8 out of 10. Objective examination findings showed tenderness of the lumbar spine, lumbar range of motion percent of normal: flexion 50, extension 40, left and right lateral tilt 40, left rotation 40 and positive straight leg raise. A request for authorization of 12 additional acupuncture for the lumbar spine (lower back), 2 times a week for 6 weeks was submitted. As per the 01-26-2015 utilization review, the request for 12 additional acupuncture for the lumbar spine (lower back), 2 times a week for 6 weeks was non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 additional acupuncture for the lumbar spine (lower back), 2 times a week for 6 weeks:**  
Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**Decision rationale:** The utilization review document of January 26, 2015 denied the treatment request for 12 additional acupuncture visits to the patient's lumbar spine that two visits per week for six weeks citing CA MTUS acupuncture treatment guidelines. The patient's prior treatment history included a chiropractic care to facilitate elimination of pain and improving range of motion. Acupuncture care was also provided for 12 visits to decrease swelling and improve range of motion. The reviewed records did not include the number of prior certified acupuncture visits to the patient's lumbar spine and no evidence of specific functional goals of which acupuncture would facilitate. The reviewed medical records failed to document the medical necessity for additional acupuncture care or comply with CA MTUS acupuncture treatment guidelines that require as a criteria for consideration of additional treatment the disclosure of objective functional improvement following a prior course of acupuncture treatment. The request is not medically necessary.