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| <b>Case Number:</b>   | CM15-0037805 |                              |            |
| <b>Date Assigned:</b> | 03/06/2015   | <b>Date of Injury:</b>       | 10/04/1999 |
| <b>Decision Date:</b> | 04/22/2015   | <b>UR Denial Date:</b>       | 01/24/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 02/27/2015 |

### 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 66 year old female, who sustained an industrial injury on 10/4/1999. On 2/27/15, the injured worker submitted an application for IMR for review. The treating provider has reported the injured worker complained of constant low-grade pain that extends across the low back into the buttocks bilaterally with intermittent radiation down the lateral aspect of the bilateral lower extremities to just above the ankles. The injured worker also complained of weakness in her legs with the left being greater than the right. The diagnoses have included lumbar lumbosacral disc degeneration. Treatment to date has included acupuncture (x12 completed); chiropractic care; lumbar epidural steroid injections (last one on 3/19/13); lumbar facet injections; physical therapy; gym membership; MRI lumbar spine (12/13/12); medication. A Utilization Review was completed on 1/24/15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Twelve (12) acupuncture sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Acupuncture Guidelines.

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

**Decision rationale:** Patient has had prior acupuncture treatment. Provider requested additional 12 acupuncture sessions which were non-certified by the utilization review. Requested visits exceed the quantity supported by cited guidelines. 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, 12 acupuncture treatments are not medically necessary.