

<b>Case Number:</b>	CM15-0037866		
<b>Date Assigned:</b>	03/06/2015	<b>Date of Injury:</b>	06/22/2011
<b>Decision Date:</b>	04/16/2015	<b>UR Denial Date:</b>	02/20/2015
<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: Physical Medicine & Rehabilitation

### 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 64-year-old male, who sustained an industrial injury on 6/22/11. On 2/27/15, the injured worker submitted an application for IMR for review. The treating provider has reported the injured worker complained of left low back and hip pain, which radiates down leg. Prior clinical history noted the injured worker has had two heart attacks and was treated with a three-vessel CABG one year prior to this visit (9/2/15) and cardiac stent placement four months ago. Also noted the injured worker has a left total knee replacement six months ago. The diagnoses have included low back pain; lumbar facet joint syndrome. Treatment to date has included cane; walker; bicycle; physical therapy; acupuncture; status post left L5 epidural steroid injections (1st no date and 2nd on 2/12/15); medications. A Utilization Review was completed on 2/20/15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 2x4 lumbar and knees:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.1. Acupuncture Medical Treatment Guidelines Page(s): 13.

**Decision rationale:** This patient presents with pain in the lower back and hip that radiates into the legs. The current request is for acupuncture 2x4 lumbar and knees. The Request for Authorization is dated 2/12/15. For acupuncture, the MTUS Guidelines page 8 recommends acupuncture for pain, suffering, and for restoration of function. Recommended frequency and duration is 3 to 6 treatments for trial, and with functional improvement, 1 to 2 per month. The medical file provided for review includes only one progress report. This report provides no discussion regarding this patient's treatment history. The Utilization review states that the patient has had prior acupuncture treatments, but the objective response was not documented. For additional treatment, MTUS requires functional improvement as defined by Labor Code 9792.20(e) as significant improvement in ADLs, or change in work status AND reduced dependence on medical treatments. Given the treater has not documented functional improvement AND reduction in medical treatments, the additional sessions cannot be supported. This request IS NOT medically necessary.