

<b>Case Number:</b>	CM15-0043612		
<b>Date Assigned:</b>	03/13/2015	<b>Date of Injury:</b>	05/28/2007
<b>Decision Date:</b>	04/23/2015	<b>UR Denial Date:</b>	02/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/09/2015

### 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 55 year old male with an industrial injury dated May 28, 2007. The injured worker diagnoses include post laminectomy syndrome of lumbar, chronic pain syndrome, disc degeneration nonspecific, lumbar disc displacement, and lumbar/lumbosacral disc degeneration. Treatment to date has included diagnostic studies, prescribed medications, physical therapy, epidural steroid injection, facet joint injection, heat/ice therapy, massage therapy and periodic follow up visits. The treating physician prescribed services for acupuncture x18 now under review. According to the most recent progress note dated 12/10/2014, the injured worker currently complains of increased pain in the lumbar spine and cervical spine. Objective findings revealed spasm and pain with range of motion of the lumbar spine. The treatment plan included medication management, nerve root block for lumbar and follow-up appointment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 18 sessions:** Upheld

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

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

**Decision rationale:** Provider requested initial trial of 18 acupuncture sessions which were modified to 6 by the utilization review. Per guidelines 3-6 treatments are supported for initial course of Acupuncture with evidence of functional improvement prior to consideration of additional care. Requested visits exceed the quantity of initial acupuncture visits supported by the cited guidelines. Additional visits may be rendered if the patient has documented objective functional improvement. MTUS- Definition 9792.20 (f) 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. Per guidelines and review of evidence, 18 Acupuncture visits are not medically necessary.