

<b>Case Number:</b>	CM15-0044187		
<b>Date Assigned:</b>	03/16/2015	<b>Date of Injury:</b>	06/13/2013
<b>Decision Date:</b>	04/23/2015	<b>UR Denial Date:</b>	03/03/2015
<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 53 year old male, who sustained an industrial injury on 06/13/2013 when he reported pain in his lumbar spine. The injured worker is currently diagnosed as having L4 radiculopathy. Treatment to date has included electromyography/nerve conduction studies, MRI of the lumbar spine, and medications. In a progress note dated 02/18/2015, the injured worker presented with complaints of radiculopathy down his right lower extremity into the lateral calf region. The treating physician reported placing the injured worker on Neurontin and prescribed acupuncture treatment x 8 visits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture, 8 sessions:** Upheld

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

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

**Decision rationale:** The Acupuncture Medical Treatment Guideline states that acupuncture may be extended with documentation of functional improvement. Records indicate the patient

received acupuncture in the past. However, there was no objective quantifiable documentation regarding functional improvement. Therefore, the provider's request for 8 acupuncture session is not medically necessary at this time.