

<b>Case Number:</b>	CM15-0051452		
<b>Date Assigned:</b>	03/24/2015	<b>Date of Injury:</b>	05/23/2014
<b>Decision Date:</b>	05/04/2015	<b>UR Denial Date:</b>	03/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/18/2015

### 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 30 year old male, who sustained an industrial injury on May 23, 2014. He reported low back and right knee pain. The injured worker was diagnosed as having a lumbar vertebra compression fracture, lumbar disc syndrome, and right knee internal derangement. Treatment to date has included medications, 8 physical therapy sessions, 4 chiropractic sessions, and previous acupuncture. A PR-2 dated January 20, 2015, indicates he is seen for continued low back pain. He has had 14 previous acupuncture sessions which he reports to have given him significant relief. The treatment plan included: request of additional acupuncture, and trial of Lidopro cream.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient Acupuncture 2 x 4 weeks to the Lumbar spine:** 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 if there is documentation of functional improvement. The patient complained of low back pain. According to the progress report dated 1/20/15, the provider noted that the patient completed 14 acupuncture sessions and provided significant relief. However, there was no objective documentation of functional improvement from prior acupuncture sessions. There was no change in the range of motion in the lumbar spine before and after the 14 sessions of acupuncture therapy. Based on the lack of objective documentation of functional improvement from prior acupuncture care, the provider's request for 8 additional acupuncture sessions is not medically necessary at this time.