

<b>Case Number:</b>	CM15-0053376		
<b>Date Assigned:</b>	03/26/2015	<b>Date of Injury:</b>	04/25/2012
<b>Decision Date:</b>	07/17/2015	<b>UR Denial Date:</b>	02/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/20/2015

### 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 51-year-old female, who sustained an industrial injury on 4/25/2012. She reported thoracic and lumbar spine pain. The injured worker was diagnosed as having prolapsed lumbar intervertebral disc, spinal stenosis of lumbar region, and disorder of trunk. Treatment to date has included x-rays, medications, and physical therapy. The request is for acupuncture. On 12/23/2014, no subjective information was reported, except rating of pain level of 3/10. Physical therapy is noted to have helped significantly. Objective findings revealed "appropriate" range of motion, and no tenderness. The treatment plan included modified duty work status, and continued therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture x 12 visits (2 x week x 6 weeks) fo the low back:** Upheld

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

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

**Decision rationale:** The patient complained of thoracic and lumbar spine pain. The Acupuncture Medical Treatment guideline recommends acupuncture for pain. It recommends a trial of 3-6 visits with a frequency of 1-3 times per week over 1-2 months to produce functional improvement. Based on the submitted documents it appears that the patient has not had a trial of acupuncture. Therefore, an acupuncture trial is warranted. However, the provider's request for 12-acupuncture session exceeds the guidelines recommendation for an initial trial and therefore is not consistent with the evidence-based guidelines and is not medically necessary at this time.