

<b>Case Number:</b>	CM15-0053895		
<b>Date Assigned:</b>	03/27/2015	<b>Date of Injury:</b>	11/25/2010
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/13/2015
<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 41 year old female, who sustained an industrial injury on November 25, 2010. The injured worker was diagnosed as having spinal stenosis of the lumbar region, displacement of lumbar intervertebral disc, lumbar degenerative disc disease, sprain of ligaments of the lumbar spine, and sprain of joints and ligaments of unspecified parts of the neck. Treatment to date has included MRI, acupuncture, independent exercises education, trigger point injections, and pain, muscle relaxant, non-steroidal anti-inflammatory and anti-epilepsy medication. On March 6, 2015, the injured worker complains of continued low back pain radiating into her right leg. She reports some increase in right leg strength since the prior visit. The physical exam revealed tenderness to palpation of the bilateral paraspinal musculature, limited active range of motion of the thoracolumbar spine, right leg and back pain with heel and toe walking, and a positive right straight leg raise. There was slight weakness of the right ankle dorsiflexors, which is improved since the prior visit. The treatment plan includes 8 sessions of acupuncture.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture for the low back, 8 visits:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Patient has had prior acupuncture treatment. Provider requested additional 8 acupuncture sessions which were non-certified by the utilization review. Requested visits exceed the quantity supported by cited guidelines. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Additional visits may be rendered if the patient has documented objective functional improvement. Per MTUS guidelines, 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 or decrease in medication intake. Per review of evidence and guidelines, 2x4 acupuncture treatments are not medically necessary.