

<b>Case Number:</b>	CM15-0058605		
<b>Date Assigned:</b>	04/03/2015	<b>Date of Injury:</b>	06/17/2010
<b>Decision Date:</b>	05/08/2015	<b>UR Denial Date:</b>	03/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/27/2015

### 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 49 year old male, who sustained an industrial injury on 6/17/2010. He reported injuries to the low back and knee. Diagnoses have included lumbago. Treatment to date has included magnetic resonance imaging (MRI) of the lumbar spine, physical therapy, lumbar epidural steroid injection and medication. According to the progress report dated 3/3/2015, the injured worker complained of constant pain in the low back, characterized as sharp. There was radiation of pain into the lower extremities, left greater than right. Exam of the lumbar spine revealed tenderness to palpation. Range of motion of the lumbar spine was guarded and restricted. The treatment plan was to refill meds and for acupuncture. Authorization was requested for twelve acupuncture treatments for the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 acupuncture treatments; lumbar spine:** Upheld

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

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

**Decision rationale:** Patient has had prior acupuncture treatment. Provider requested additional 12 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, 12 acupuncture treatments are not medically necessary.