

<b>Case Number:</b>	CM15-0080426		
<b>Date Assigned:</b>	05/01/2015	<b>Date of Injury:</b>	10/15/2013
<b>Decision Date:</b>	06/10/2015	<b>UR Denial Date:</b>	04/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/27/2015

### 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 42 year old male who sustained an industrial injury on 10/15/13. The mechanism of injury is unclear. He currently (1/30/15) complains of low back and right lower extremity pain. His pain has not improved since last visit of 10/10/14. His pain level is 7/10 without medications and 4/10 with medications. His pain is aggravated with prolonged lying and sitting. His medications are Norco, naproxen and topical creams which decrease his pain, allow better sleep and improve function. On physical exam he exhibits decreased range of motion of the lumbar spine; tenderness on palpation along the lumbar spine and paravertebral muscles on the right side of the lumbar spine; straight leg raise and femoral stretch test are positive bilaterally. He ambulates with a mild antalgic gait. Diagnoses include lumbar radiculopathy; lumbar disc protrusion. He uses a transcutaneous electrical nerve stimulator unit with benefit; home exercises. In the progress note dated 1/30/15 the treating provider's plan of care includes acupuncture.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture for the lumbar spine for 8 visits:** Upheld

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

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

**Decision rationale:** The patient complains of low back and right lower extremity pain. The Acupuncture Medical Treatment guidelines recommend acupuncture for pain. Records indicate that the patient received acupuncture in the past. The provider states that the patient attends acupuncture twice a week and reports that it does help a lot. The guideline states that acupuncture may be extended with documentation of functional improvement. However, there was no documentation of functional improvement from past acupuncture sessions. Therefore, the provider's request for 8 acupuncture sessions is not medically necessary at this time.