

<b>Case Number:</b>	CM15-0082768		
<b>Date Assigned:</b>	05/05/2015	<b>Date of Injury:</b>	07/23/2014
<b>Decision Date:</b>	06/17/2015	<b>UR Denial Date:</b>	04/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/30/2015

### 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 45 year old female, who sustained an industrial injury on July 23, 2014. She reported low back pain. The injured worker was diagnosed as having lumbago, lumbar spine strain with radicular pain and rule out sacroiliac joint dysfunction. Treatment to date has included diagnostic studies, physical therapy, medications, topical creams, a home exercise plan and work restrictions. Currently, the injured worker complains of continued low back pain radiating into the left buttock and left lower extremity with associated tingling and numbness into the foot. The injured worker reported an industrial injury in 2014, resulting in the above noted pain. She was treated conservatively without complete resolution of the pain. Evaluation on October 31, 2014, revealed continued pain. It was noted she had failed physical therapy, the home exercise plan and with topical creams for pain. It was noted she was experiencing mechanical back pain and was required to wear a back brace. She was encouraged to alternate between sitting and standing. Evaluation on December 5, 2014, revealed continued pain as noted with associated symptoms. It was noted a sacroiliac joint injection was recommended. Evaluation on January 9, 2015, revealed continued pain. She was encouraged to change positions and to walk every 15 minutes. Acupuncture for the lumbar spine and left hip was requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 2xWk x 3Wks lumbar spine and left hip:** Upheld

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

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

**Decision rationale:** The patient complained of low back pain radiating into the left buttock and left lower extremity with associated tingling and numbness into the foot. The Acupuncture Medical Treatment guideline recommends acupuncture for pain. It recommends a trial of 3-6 visits to produce functional improvement. It states that acupuncture may be extended with documentation of functional improvement. The patient was authorized 6 out of the 12 requested acupuncture visit, which is consistent with the guidelines for an initial trial. There was not documentation of functional improvement from the 6 authorized visits. Therefore, the provider's request for 6 acupuncture sessions to the lumbar spine and left hip is not medically necessary at this time. Additional acupuncture sessions beyond the initial 6 visits are recommended with documentation of functional improvement from past sessions.