

<b>Case Number:</b>	CM15-0083033		
<b>Date Assigned:</b>	05/05/2015	<b>Date of Injury:</b>	02/09/2010
<b>Decision Date:</b>	06/24/2015	<b>UR Denial Date:</b>	04/08/2015
<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 53-year-old male who sustained a work related injury February 9, 2010. While pulling a cart with materials weighing 300-400 pounds, he slipped and developed severe low back pain. Over the course of care he was treated with medication, physical therapy, acupuncture, and S1 transforaminal epidural injection with 50% relief. Past history included early colon cancer and osteoarthritis in the knees, hands, and elbows. According to a new consultation dated March 27, 2015, the injured worker presented with low back pain described as achy, burning, and sharp in the middle of the low back and radiates down the left buttock and left posterior and sometimes lateral leg. There is numbness and tingling as well as weakness of the leg. The pain is rated 6/10 without medication and 4/10 with medication. With medication, he is able to take care of an acre of land and exercise on a Bowflex machine. He would like to have physical therapy and acupuncture. Current medication includes Norco, Flector patch, Naproxen and Pantoprazole. Diagnoses are lumbar discogenic pain with radiation to the left posterior leg; chronic radicular low back pain; and lumbar facet syndrome. At issue, is a request for authorization for acupuncture x 8 sessions (low back).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture x 8 session (low back): 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, 8 acupuncture treatments are not medically necessary.