

<b>Case Number:</b>	CM15-0084508		
<b>Date Assigned:</b>	05/06/2015	<b>Date of Injury:</b>	01/15/2014
<b>Decision Date:</b>	06/22/2015	<b>UR Denial Date:</b>	04/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/02/2015

### 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: 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 47 year old female who sustained a work related injury January 15, 2014. According to a treating physician's progress report, dated April 7, 2015, the injured worker presented with chronic low back pain and right posterior hip pain. She reports she has not taken Motrin due to increased blood pressure but has taken Zanaflex at night, which aids in sleeping. She would also like to try acupuncture again, which helped decrease her pain. Objective findings are documented as significant tenderness to palpation and tight muscle bands of the lumbar paraspinal muscles. There is tenderness over the right sacroiliac joint and piriformis area. Diagnoses are broad-based disc protrusion L5-S1 with annular tear and right sided mild foraminal stenosis (MRI 3/11/2014); chronic right lateral epicondylitis; history of aberrant UDS (urine drug screen) 11/18/2014 and 1/13/2015; chronic myofascial pain. At issue is the request for (8) sessions of acupuncture.

### IMR ISSUES, DECISIONS AND RATIONALES

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

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

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

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

**Decision rationale:** The guidelines note that the amount of acupuncture to produce functional improvement is 3 to 6 treatments. The same guidelines read extension of acupuncture care could be supported for medical necessity "if functional improvement is documented as either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment." After an unknown number of prior acupuncture sessions (reported as temporary beneficial in reducing pain levels), no evidence of any significant, objective functional improvement (quantifiable response to treatment) obtained with previous acupuncture was provided to support the reasonableness and necessity of the additional acupuncture requested. In addition, the request is for acupuncture x 8, number that exceeds the guidelines criteria without any extraordinary circumstances documented to support such request. Therefore, the additional acupuncture x 8 is not supported for medical necessity.