

<b>Case Number:</b>	CM15-0087348		
<b>Date Assigned:</b>	05/11/2015	<b>Date of Injury:</b>	05/29/2013
<b>Decision Date:</b>	06/19/2015	<b>UR Denial Date:</b>	04/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/06/2015

### 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 (IW) is a 50-year-old male who sustained an industrial injury on 05/29/2013 due to a fall. Diagnoses include lumbar strain/sprain and lumbar spondylolisthesis and stenosis. Treatments to date include medications, physical therapy, and icy hot cream. Diagnostic testing to date includes x-rays and MRIs; an MRI dated 8/13/13 showed mild stenosis at L4-5 and L5-S1 with mild spondylolisthesis at L5-S1. According to the Represented Panel Qualified Medical Re-Evaluation on 3/27/15, the IW reported pain in multiple areas including the caudal lumbar region (L2 to sacrum) described as sharp and, at times, burning or electrical with a VAS rating of 7. On exam, range of motion of the lumbar spine was moderately restricted. A request was made for acupuncture twice weekly for four weeks for the low back.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 2x Wk x 4 Wks lower back:** Upheld

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

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

**Decision rationale:** The Acupuncture Medical Treatment guideline recommends acupuncture for pain. The patient complained of pain all over, weakness, and some burning and tingling. According to the report dated 4/14/2015, the provider noted that the patient continued with medications and was prescribed physical therapy and acupuncture. However, it was not noted if they patient received acupuncture care. Therefore, based on the submitted documentation, the current request for acupuncture would most accurately be evaluated as an initial trial, for which the guidelines recommend 3-6 visits. The provider's request for 8 acupuncture sessions to the lower back exceeds the evidence based guidelines, and therefore it is not medically necessary at this time.