

<b>Case Number:</b>	CM15-0087869		
<b>Date Assigned:</b>	05/12/2015	<b>Date of Injury:</b>	12/16/2013
<b>Decision Date:</b>	06/16/2015	<b>UR Denial Date:</b>	04/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/07/2015

### 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 49-year-old male who sustained an industrial injury on 12/16/13 from a slip and fall noting pain in his low back and left leg. His symptoms persisted and he developed pain in his left knee. He currently complains of burning pain and numbness in the low back (7/10) without medication and 5/10 with medications and numbness in both legs; right leg pain (3-4/10). He is able to perform his activities of daily living but with pain. He experiences sleep disturbances. On physical exam, there was abnormal range of motion of the lumbar spine. Medications are Norco, naproxen, Prilosec and trazadone. Diagnoses include bilateral L5 radiculopathy; recurrent lumbar disc herniation at L4-5 with annular tear, status post laminectomies at L4-S1 and L5-S1; left knee sprain. Treatments to date include transforaminal lumbar epidural at L4-5 (10/20/14); medications. Diagnostics include electromyography/ nerve conduction study of the bilateral lower extremities (6/20/14) show moderate bilateral radiculopathy L5 and probable bilateral S1 radiculopathy; MRI of the lumbar spine (2/14/14) showing central disc bulge to the left. In the progress note, dated 1/13/15 the treating provider's plan of care includes acupuncture with electrical stimulation two times a week. Per a Pr-2 dated 2/4/15, the claimant had four sessions of acupuncture without improvement.

### 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, one to three times a week, for eight weeks: Upheld**

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

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

**Decision rationale:** According to evidenced based guidelines, further acupuncture after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. The claimant has had prior acupuncture trial with no documented benefits. Since the provider fails to document objective functional improvement associated with prior acupuncture treatment, further acupuncture is not medically necessary.