

<b>Case Number:</b>	CM14-0149517		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	09/21/2011
<b>Decision Date:</b>	02/25/2015	<b>UR Denial Date:</b>	08/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2014

### 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 57year old male who reported low back pain from injury sustained on 09/21/11. He was dragging a hose in the mud when his feet slipped, he twisted sideways and felt immediate pain in the low back. Patient is diagnosed with lumbar strain; lumbar degenerative disc disease at L3-4 and L4-5; history of L4-5 disc herniation with resorption of extruded fragment. Patient has been treated with medication, physical therapy, and acupuncture. Per medical notes dated 03/20/14, patient complains of constant severe low back pain. The pain radiates to the bilateral buttock, posterior thigh, and calves associated with numbness and tingling. He reports weakness in the bilateral lower extremity. Pain is worse with walking, standing, lifting, and bending. Per medical notes dated 07/24/14, patient compalins of moderate low back pain that radiates to the bilateral buttocks, posterior thigh and calves. He reports weakness in bilateral lower extremity. Pain is worse with walking, standing, lifting or bending. Per medical notes dated 07/24/14, patient reported significant improvement with acupuncture, especially in the first 3 days, it has enabled him to decrease his usage of medication. Provider requested additional 12 acupuncture treatments which were non-certified by the utilization review on 08/15/14. Therefore, the Utilization Review decision was appealed for an Independent Medical Review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 12 sessions to 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:** Patient has had prior acupuncture treatment. Per medical notes dated 07/24/14, patient reported significant improvement with acupuncture, especially in the first 3 days, it has enabled him to decrease his usage of medication. Provider requested additional 12 acupuncture treatments which were non-certified by the utilization review on 08/15/14. 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. Requested visits exceed the quantity supported by cited guidelines. Per review of evidence and guidelines, the request for 12 acupuncture sessions is not medically necessary.