

<b>Case Number:</b>	CM14-0212042		
<b>Date Assigned:</b>	01/02/2015	<b>Date of Injury:</b>	05/05/2008
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	11/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/17/2014

### 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 patient is a 70-year-old male with a date of injury of 5/5/2008. According to the progress report dated 11/20/2014, the patient complained of worsening lower back pain. The pain is rated at 7/10. The pain was described as electricity running from the back and down the left leg and foot. Symptoms worsen with prolonged standing, sitting, and driving. Significant objective findings include tenderness over the bilateral lumbar paraspinal muscles, positive straight leg raise bilaterally, positive sitting root, decrease lumbar range of motion, and decreased sensation of the bilateral lower extremities of L5-S1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Acupuncture for Lumbar Spine 2x4:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 114, Acupuncture Treatment Guidelines.

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

**Decision rationale:** The Acupuncture Medical Treatment guideline states that acupuncture may be extended if there is documentation of functional improvement. The progress report dated

11/12/2014 noted that the patient was currently doing physiotherapy and acupuncture two times a week and was doing well. There was no documentation of functional improvement through acupuncture sessions. Therefore, the provider's request for 8 additional acupuncture sessions to the lumbar spine is not medically necessary at this time.