

<b>Case Number:</b>	CM14-0215888		
<b>Date Assigned:</b>	01/05/2015	<b>Date of Injury:</b>	07/13/1995
<b>Decision Date:</b>	02/25/2015	<b>UR Denial Date:</b>	12/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/23/2014

### 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 61year old female who reported low back pain from injury sustained on 07/13/95 due to fall. There were no diagnostic imaging reports. Patient is diagnosed with degenerative spondylolisthesis, and spinal stenosis. Patient has been treated with medication, physical therapy and acupuncture. Per medical notes dated 09/25/14, patient states that her low back pain is constant. She admits to having new midthoracic pain. She also admits to have right foot numbness without radiculopathy. She indicates that she has had acupuncture care in the past, and it has provided her with significant relief. Per medical notes dated 11/25/14, patient complains of increased low back pain after weather changes. She uses pain medication as well as cold compression for relief. Provider requested additional 12 acupuncture treatments for the lumbar spine which was non-certified by the utilization review. 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 lumbar spine times twelve sessions:** 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. Provider requested addition 12 acupuncture treatments for lumbar spine which were non-certified by the utilization review. Per medical notes dated 09/25/14, she indicates that she has had acupuncture care in the past, and it has provided her with significant relief. 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 or decrease in medication intake. Requested visits exceed the quantity supported by cited guidelines. Per review of evidence and guidelines, two times three acupuncture treatments are not medically necessary.