

<b>Case Number:</b>	CM15-0001734		
<b>Date Assigned:</b>	01/12/2015	<b>Date of Injury:</b>	03/02/2014
<b>Decision Date:</b>	03/11/2015	<b>UR Denial Date:</b>	12/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/05/2015

### 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 44 year old female who reports pain in her lower back resulting from a work related injury on 03/02/2014. Patient states she was bending over changing bed sheets and felt a sharp pain in her lower back. Patient is diagnosed with the following: lumbar disc herniation, radiculopathy and lumbar spine sprain. Per physician's notes dated 12/09/2014, tenderness is noted along the lumbar paraspinal muscles, iliolumbar and sacroiliac regions. The patient's gait is mildly antalgic. Neurologic exam is intact. Straight leg raising on the left is equivocal. Straight leg raising on the right is negative and multiple trigger points are identified in the low back. Patient has been treated with physical therapy, medications and trigger point injections. Primary treating physician requested 10 visits which were denied per guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture times 10 for the Lumbar Spine, quantity 10:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 168.

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

**Decision rationale:** Per MTUS- Section 9792.24.1 Acupuncture Medical treatment Guidelines Page 8-9. 'Acupuncture is used as an option when pain medication is reduced and not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery.' 'Time to produce function improvement: 3-6 treatments. 2) Frequency: 1-3 times per week. 3) Optimum duration: 1-2 months. Acupuncture treatments may be extended if functional improvement is documented.' Patient has not had prior Acupuncture treatment. Per guidelines 3-6 treatments are supported for initial course of Acupuncture with evidence of functional improvement prior to consideration of additional care. Requested visits exceed the quantity of initial acupuncture visits supported by the cited guidelines. Additional visits may be rendered if the patient has documented objective functional improvement. MTUS- Definition 9792.20 (f) 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. Per guidelines and review of evidence, 10 Acupuncture visits are not medically necessary.