

<b>Case Number:</b>	CM15-0109702		
<b>Date Assigned:</b>	06/19/2015	<b>Date of Injury:</b>	01/10/2013
<b>Decision Date:</b>	07/23/2015	<b>UR Denial Date:</b>	05/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/08/2015

### 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 36-year-old male, who sustained an industrial/work injury on 1/10/13. He reported initial complaints of pain to right ankle and lumbar spine. The injured worker was diagnosed as having s/p lumbar fusion at L4-S1, removal of hardware, chronic lumbar radiculopathy, and right ankle strain. Treatment to date has included medication, surgery (lumbar fusion in 2013), physical therapy, and diagnostic testing. X-Rays results were reported to indicate removal of a posterior implant. Ankle x-ray was normal. Lumbar spine x-ray noted narrowing at the L3-4 level. Currently, the injured worker complains of continuous pain in the lower back radiating to the left thigh, along with popping in the back that intensifies the pain. There is weakness in the lower extremities (L>R). The right ankle has recurrent pain with popping. Per the primary physician's progress report (PR-2) on 4/18/15, examination noted antalgic gait, normal motor muscle strength, and normal sensation along all dermatomes. The lumbar spine had restricted range of motion, pain across the left posterolateral hip, left anterolateral thigh area, positive straight leg raise on the left at 70 degrees, mild pain in the right posterior buttock at 90 degrees. There is residual tenderness in the anterior talofibular ligament on the right. The requested treatments include acupuncture 2x4 for the lumbar area.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 2x4 for the lumbar area: Upheld**

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

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

**Decision rationale:** The patient complained of right ankle and lumbar spine pain. The Acupuncture Medical Treatment guideline recommends an initial trial of 3-6 visits with a frequency of 1-3 times per week over 1-2 months to produce functional improvement. It appears that the patient has not had acupuncture in the past. Therefore, an acupuncture trial may be necessary. Additional acupuncture beyond the 6 initial visits may be necessary if there is documentation of functional improvement from the previous sessions. The provider's request for 8-acupuncture session for the lumbar area exceeds the guidelines recommendation for an initial trial. Therefore, the provider's request is not medically necessary at this time.