

<b>Case Number:</b>	CM15-0011022		
<b>Date Assigned:</b>	01/28/2015	<b>Date of Injury:</b>	02/04/2000
<b>Decision Date:</b>	03/20/2015	<b>UR Denial Date:</b>	12/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/20/2015

### 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 42 year old female who sustained an industrial injury on 2/4/00. The injured worker reported symptoms in the spine after lifting a large soda syrup box. The diagnoses included post-laminectomy syndrome of lumbar region, lumbar or lumbosacral disc degeneration, and myalgia and myositis not otherwise specified. Treatments to date have included oral pain medications. A progress note from the treating provider dated 12/9/14 indicates the injured worker was with "pain but the pain is appreciably lessened by her current treatment regimen". Patient states her pain is typically of very severe intensity without treatment on a regular basis. Pain is described as aching and a lancinating sensation in the primary area of discomfort. Ther pain is partially relieved by the use of medication and various types of injection therapy. On 12/16/14 Utilization Review non-certified the request for Acupuncture for the lumbar spine, 1 time a week for 6 weeks. The American College of Occupation and Environmental Medicine Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 1 x 6:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

**Decision rationale:** It is unclear if the patient has had prior acupuncture sessions for the 14 year old injury. Acupuncture is used as an option when pain medication is reduced or not tolerated which was not documented in the provided documents. 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 (if any previously administered). 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. Per review of evidence and guidelines, 1X6 acupuncture treatments are not medically necessary.