

<b>Case Number:</b>	CM15-0016853		
<b>Date Assigned:</b>	02/05/2015	<b>Date of Injury:</b>	03/10/2014
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	01/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/29/2015

### 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 29 year old male, who sustained an industrial injury on 03/10/2014. The diagnoses have included degenerative disc disease at L5/S1 and back pain. Treatments to date have included physical therapy, acupuncture, epidural steroid injection, and medications. Diagnostics to date have included MRI which showed decreased disc height at the L5-S1 level, according to progress note. In a progress note dated 10/30/2014, the injured worker presented with complaints of back pain. The treating physician reported the injured worker should continue his physical therapy regimen and continue strengthening his core musculature. Per a progress report dated 7/24/2014, the claimant has completed six sessions and pain has dropped from 7-8/10 to 6.5/10. Per a progress noted dated 9/22/14, the claimant's pain decreased from 8/10 to 7/10 in six sessions. No other improvement is noted. Per a Pr-2 dated 12/18/2014, the claimant's low back pain remains largely unchanged and is currently 7/10. His lumbar range of motion is limited and he has decreased sensation in the left dorsum and strength in the left ankle dorsiflexors and left extensor hallucis longus.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 Additional Acupuncture Sessions 2 Times A Week for 3 Weeks for The Lumbar Spine:**  
Upheld

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

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

**Decision rationale:** According to evidenced based guidelines, further acupuncture after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. The claimant has had prior acupuncture of unknown quantity and duration and had mild subjective benefits of pain relief. However, the provider fails to document objective functional improvement associated with acupuncture treatment. Therefore further acupuncture is not medically necessary.