

<b>Case Number:</b>	CM15-0017292		
<b>Date Assigned:</b>	02/04/2015	<b>Date of Injury:</b>	07/21/2014
<b>Decision Date:</b>	03/23/2015	<b>UR Denial Date:</b>	01/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2015

### 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 male patient, who sustained an industrial injury on 07/21/2014. A primary treating office visit dated 01/08/2015 reported the patient with subjective complaint of low back pain that is constant and radiates occasionally into the right leg; however, now improved after an initial trial of chiropractic treatment. Physical examination found objective results showing a magnetic resonance imaging study performed on 09/04/2014 revealed straightening of the lumbar spine with no evidence of disc herniation. The lumbar spine range of motion; flexion at 45 degrees; extension at 20 degrees and lateral bending bilaterally at 20 degrees. He is diagnosed with displacement lumbar disc without myelopathy. The treatment plan involved requesting authorization for 8 sessions of acupuncture. On 01/13/2015 Utilization Review non-certified the request, noting, the OGD Acupuncture Guidelines was cited. The injured worker submitted an application for independent review of requested services.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 8 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 not had prior Acupuncture treatment. Provider requested initial trial of 8 acupuncture sessions which were non-certified by the utilization review. 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, 8 Acupuncture visits are not medically necessary.