

<b>Case Number:</b>	CM15-0018042		
<b>Date Assigned:</b>	02/05/2015	<b>Date of Injury:</b>	12/05/1995
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	01/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/30/2015

### 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 60 year old male, who sustained an industrial injury on 12/5/95. He has reported low back pain and neuropathy to both legs. The diagnoses have included lumbar degenerative disc disease and lumbar radiculopathy. Treatment to date has included physical therapy and oral medications. As of the PR2 dated 12/16/14, the injured worker reported low back pain that he describes as aching, sharp and stabbing. The treating physician requested acupuncture evaluation and six treatments. On 1/9/15 Utilization Review non-certified a request acupuncture evaluation and six treatments. The utilization review physician cited the MTUS guidelines for acupuncture. On 1/26/15, the injured worker submitted an application for IMR for review of acupuncture evaluation and six treatments.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture Evaluation and Treatment times 6:** Overturned

**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 6 acupuncture sessions which were non-certified by the utilization review. Per Utilization appeal letter dated 01/25/15, patient is attending physical therapy and is not taking opiates. Per guidelines 3-6 treatments are supported for initial course of Acupuncture with evidence of functional improvement prior to consideration of additional care. 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, 6 Acupuncture visits are medically necessary.