

<b>Case Number:</b>	CM15-0018299		
<b>Date Assigned:</b>	02/06/2015	<b>Date of Injury:</b>	09/13/2012
<b>Decision Date:</b>	03/27/2015	<b>UR Denial Date:</b>	01/14/2015
<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: 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 55 year old male, who sustained an industrial injury on 9/13/12. He has reported back injury after transferring a student from a wheelchair to a walker. The diagnoses have included lumbar disc herniation on right, radiculopathy/radiculitis right lower extremity, annular tear and cervical strain/sprain. Treatment to date has included medications, acupuncture, and physical therapy 6 sessions, epidural injection on the right and use of a cane. Currently, the injured worker complains of persistent pain in the back and right lower extremity. The injured worker has been receiving acupuncture weekly and has had about 12 visits so far with the pain decreased by about 10 percent and he has been able to reduce the Percocet. The acupuncture has been very helpful. The pain is rated 8/10 currently with rate of 10/10 on the worst days. He has 50 percent back pain and 50 percent leg pain. The pain is described as aching and stabbing with constant pain in the back and intermittent to frequent for the right leg. The pain is aggravated with activity of lying on stomach, sitting and standing. The range of motion to lumbar spine is limited. There was no documented acupuncture sessions noted. Work status is modified with limited lifting less than 5 pounds. On 1/14/15 Utilization Review non-certified a request for 6 Sessions of Acupuncture, noting the need for additional acupuncture is not adequately established. There is limited information submitted including evidence of ongoing significant functional limitations which reflect the need for ongoing skilled care beyond the guideline recommendations. The (MTUS) Medical Treatment Utilization Schedule guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 Sessions of Acupuncture:** Overturned

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

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

**Decision rationale:** In the UR determination for additional acupuncture (x 6) dated 01-14-15 was noted that in the providers progress report (01-05-15) was documented the patient underwent already 21 acupuncture sessions with function improvement reported (able to work full time without restrictions) and medication intake (narcotics) reduction. Available information appears to support that the ongoing acupuncture treatment, under the MTUS-AMTG is addressing the patient's medical condition with evidence of objective functional improvement (quantifiable response to treatment) that is essential to establish the reasonableness and necessity of additional care. Therefore, under current guidelines, the continuation of acupuncture treatment is supported as medically and necessary. As the current guidelines indicate that functional improvement could be achieved with six sessions, the additional six sessions requested are seen reasonable.