

<b>Case Number:</b>	CM15-0019432		
<b>Date Assigned:</b>	02/09/2015	<b>Date of Injury:</b>	05/21/1985
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	01/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2015

### 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:

A 62 year old male who sustained an industrial injury on 05/21/1985. Current diagnoses include lumbosacral spondylosis without myelopathy, lumbar disc displacement without myelopathy, lumbar or lumbosacral disc degeneration, lumbar facet syndrome, knee pain, and fracture of tarsal and metatarsal bones. Previous treatments included medication management, physical therapy, acupuncture, and home exercise program. Report dated 01/06/2015 noted that the injured worker presented with complaints that included lower back and right knee pain. Physical examination was positive for abnormal findings. Documentation supports that the injured worker has completed 6 acupuncture visits to date. Report dated 12/11/2014 notes that the injured worker has had a decrease in pain level, increased ability to stand longer, can rest in bed comfortably and get out of bed easier, and the pain that radiated down his leg and toes is almost gone. Utilization review performed on 01/16/2015 non-certified a prescription for acupuncture 12 visits lumbar spine and right knee, based on the clinical information submitted does not support medical necessity. The reviewer referenced the California MTUS/ in making this decision.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 12 visits lumbar spine and right knee:** Overturned

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

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

**Decision rationale:** The Acupuncture Medical Treatment guidelines state that acupuncture may be extended with documentation of functional improvement. According to report dated 12/11/2014, the acupuncture provider reported that the patient was able to stand longer with less pain and can rest in the bed comfortably. In addition, it is also easier for the patient to get out of bed and the referring pain down the leg and toes is almost gone. Based on the documentation of functional improvement, the provider's request for 12 additional acupuncture sessions to the lumbar spine and right knee is medically necessary at this time.