

<b>Case Number:</b>	CM15-0119360		
<b>Date Assigned:</b>	06/29/2015	<b>Date of Injury:</b>	09/05/2000
<b>Decision Date:</b>	08/04/2015	<b>UR Denial Date:</b>	05/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/19/2015

### 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 75 year old male, who sustained an industrial injury on 9/05/2000. He reported a motor vehicle accident with injury to bilateral knees and low back. Diagnoses include chronic low back pain, lumbar degenerative disc disease, lumbar myofascial pain, knee pain and deconditioning. He is status post bilateral knee replacement and lumbar laminectomy. Treatments to date include medication therapy, physical therapy, home exercise, and chiropractic therapy and nerve blocks. Currently, he complained of chronic pain rated 7/10 VAS. On 5/5/15, the physical examination documented diffuse tenderness to the lumbar spine, gluteus and piriformis muscles and to the facet joints. There was an antalgic gait and decreased range of motion. The documentation indicated there were no prior acupuncture treatments to date. The plan of care included acupuncture twice a week for three weeks to treat the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 2 x week x 6 weeks Lumbar Spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The patient complained of low back and knee pain. Prior treatment included medications, exercise program, surgery, physical therapy, and chiropractic therapy. There was no evidence of prior acupuncture therapy. The Acupuncture Medical Treatment guideline recommends acupuncture for pain. It recommends a trial of 3-6 treatments with a frequency of 1-3 times per week over 1-2 months to produce functional improvement. The provider's request for 12 acupuncture session to the lumbar spine exceeds the recommend guidelines for an initial trial. Therefore, the request is inconsistent with the guidelines and not medically appropriate at this time. Additional acupuncture beyond the 6 initial visits is recommended with documentation of functional improvement.