

<b>Case Number:</b>	CM15-0122349		
<b>Date Assigned:</b>	07/06/2015	<b>Date of Injury:</b>	03/15/2004
<b>Decision Date:</b>	07/31/2015	<b>UR Denial Date:</b>	06/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/24/2015

### 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 female who sustained an industrial /work injury on 3/15/04. She reported an initial complaint of neck, back, and right shoulder pain. The injured worker was diagnosed as having lumbar post-laminectomy syndrome, myalgia and myositis, lumbosacral spondylosis, and lumbar disc disease. Treatment to date includes medication, diagnostics, surgery (discectomy at C6-7 and fusion and L1-5 decompression fusion in 2005), acupuncture, and S1 injection. Currently, the injured worker complained of neck, back, and right shoulder pain. Acupuncture is helping to decrease pain up to 30-40% and mobility in neck by 50%. There was also deep muscle pain on left leg. Per the primary physician's report (PR-2) on 6/9/15, there was painful deep muscle pain with weight bearing on the left leg, less pain s/p sacroiliac injection. Current plan of care included medication, stretching exercises, discussion of treatment options, and acupuncture sessions. The requested treatments include 8 acupuncture therapy sessions for the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 Acupuncture therapy sessions for the lumbar spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Acupuncture Treatment Guidelines.

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

**Decision rationale:** According to evidenced based guidelines, further acupuncture after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. The claimant has had prior acupuncture of unknown quantity and duration and had subjective benefits. There are percentages noted in reduction of pain and increases of range of motion, but there are no actual measures of pre and post range of motion. Also, there is no documented objective functional improvement associated with acupuncture treatment. Therefore, further acupuncture is not medically necessary.