

<b>Case Number:</b>	CM15-0127330		
<b>Date Assigned:</b>	07/14/2015	<b>Date of Injury:</b>	10/28/2011
<b>Decision Date:</b>	08/14/2015	<b>UR Denial Date:</b>	06/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/01/2015

### 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 57 year old male, who sustained an industrial injury on 10/28/11. The injured worker was diagnosed as having left L5-S1 herniated nucleus pulposus, L5-S1 degenerative disc disease, and L4-5 spondylolisthesis. Treatment to date has included lumbar epidural steroid injections, right shoulder arthroscopy, right partial medial meniscectomy, right ankle open reduction internal fixation, and acupuncture. A physician's report dated 5/4/15 noted the injured worker had started acupuncture treatment that was somewhat helpful. Currently, the injured worker complains of lumbar spine tenderness and pain with motion. Decreased sensation on the sole of the left foot and the posterior of the left leg were also noted. The treating physician requested authorization for acupuncture x8.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture x 8:** Upheld

**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 guideline states that acupuncture may be extended with documentation of functional improvement. According to the provider, the patient has had acupuncture in the past. There was no documentation of functional improvement from prior acupuncture care. The provider's request for 8 acupuncture sessions is not medically necessary; the patient had a trial in the past with no documentation of functional improvement.