

<b>Case Number:</b>	CM15-0127445		
<b>Date Assigned:</b>	07/14/2015	<b>Date of Injury:</b>	03/15/2010
<b>Decision Date:</b>	08/10/2015	<b>UR Denial Date:</b>	06/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/02/2015

### 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 May 13, 2010 resulting in low back pain and impaired range of motion. He was diagnosed with lumbar intervertebral disc degeneration, osteoarthritis of spinal facet joint, spinal stenosis, and lumbar sprain or strain. Treatment has included L4-5 L5-S1 transforaminal injection with 50% improvement in pain level; medication; modified activities; stretching; heat; ice; and, rest, which he states has helped keep symptoms manageable. The injured worker has reported a recent flare up and exacerbation of severe low back pain making it difficult to walk and sleep due to his level of pain. The treating physician's plan of care includes 6 sessions of acupuncture for the lumbar spine. He is presently not working.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture times six for the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation 2nd Edition.

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

**Decision rationale:** Per MTUS- Section 9792.24.1 Acupuncture Medical treatment Guidelines Page 8-9. "Acupuncture is used as an option when pain medication is reduced and not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery." "Time to produce function improvement: 3-6 treatments. 2) Frequency: 1-3 times per week. 3) Optimum duration: 1-2 months. Acupuncture treatments may be extended if functional improvement is documented." Patient's injury is over 5 years old and it is unclear if the request is for initial trial of care or continued care. Per medical records provider requested trial of 6 acupuncture sessions which were non-certified to by the utilization review. Per medical notes patient is having flare of low back pain due to putting on socks. Acupuncture is used as an option when pain medication is reduced or not tolerated which was not documented in the provided medical records. Acupuncture may be used as an adjunct to physical rehabilitation, which was also not documented in the provided medical records. Per guidelines and review of evidence, 6 Acupuncture visits are not medically necessary.