

<b>Case Number:</b>	CM15-0127549		
<b>Date Assigned:</b>	07/14/2015	<b>Date of Injury:</b>	12/18/2000
<b>Decision Date:</b>	08/10/2015	<b>UR Denial Date:</b>	06/10/2015
<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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 female, who sustained an industrial injury on 12/18/2000. She reported low back pain with a lifting activity. Diagnoses include bilateral lumbar facet arthropathy and lumbago without radiculopathy. She was noted to be diagnosed with stage 5 kidney failure and on a kidney transplant list. Treatments to date include epidural steroid injection and acupuncture treatments. Currently, she complained of ongoing low back pain noted to be treated with acupuncture treatments. On 2/17/15, the physical examination documented pain with direct compression of the L4-L5 area. The plan of care included six additional acupuncture treatments for the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional acupuncture times 6 Sessions for the lumbar spine:** Upheld

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

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

**Decision rationale:** The claimant has a remote history of a work-related injury and continues to be treated for chronic low back and left leg pain. At a prior visit, Norco had been prescribed with the anticipation that it would no longer be needed once acupuncture had been authorized. When requested, there had been improvement in pain with acupuncture treatments. There was back pain with lower lumbar compression. An additional 6 acupuncture treatments were requested. Norco was continued. Guidelines recommend acupuncture as an option as an adjunct to physical rehabilitation with up to 6 treatments 1 to 3 times per week with extension of treatment if functional improvement is documented. In this case, there is no adjunctive rehabilitation documented and Norco continues to be prescribed. The request is not medically necessary.