

<b>Case Number:</b>	CM15-0173535		
<b>Date Assigned:</b>	09/22/2015	<b>Date of Injury:</b>	07/18/2014
<b>Decision Date:</b>	10/29/2015	<b>UR Denial Date:</b>	09/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2015

### 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 30 year old male with an industrial injury dated 07-18-2014. A review of the medical records indicates that the injured worker is undergoing treatment for sciatica, enthesopathy hip and sprain and strain of lumbar region. Treatment has included diagnostic studies, prescribed medications, and 18 sessions of acupuncture therapy, physical therapy and periodic follow up visits. According to the progress note dated 06-26-2015, the injured worker reported persistent back pain and intermittent leg pain. The injured worker reported the use of very little medication. The injured worker also reported using acupuncture with no pain for about 5 to 6 days. Objective findings (6-26-2015) revealed normal gait, no spasms or guarding, intact sensation in the bilateral lower extremities. In a progress report dated 08-14-2015, the injured worker reported improvement from acupuncture therapy. The injured worker reported that prior to acupuncture pain was a 7-8 out of 10 and it decreased to a 4-5 out of 10. The injured worker reported that the acupuncture helps with his ability to sit long periods of time. Lumbar spine exam (08-14-2015) revealed spasm and guarding in the lumbar spine. The injured worker is working full time with restrictions. The treatment plan included additional acupuncture therapy, medication management and follow up visits. The original utilization review determination (09- 01-2015) non-certified the request for additional acupuncture 2 x 6 for low back.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Acupuncture 2 x 6 for low back:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**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 at least 18 visits with reported benefits. However, the provider fails to document objective functional improvement associated with acupuncture treatment. Despite subjective statements of increased work and activity of daily living tolerance, there are no objective measures documented. Work restrictions have not changed. Therefore, further acupuncture is not medically necessary.