

<b>Case Number:</b>	CM15-0175719		
<b>Date Assigned:</b>	09/25/2015	<b>Date of Injury:</b>	10/18/2010
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	08/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2015

### 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, Montana  
 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 53 year old female, who sustained an industrial injury on 10-18-2010. She has reported subsequent neck, low back and bilateral lower extremity pain and was diagnosed with cervical and lumbar spine sprain and strain, bilateral lower extremity radiculitis with degenerative disc disease at L5-S1, bilateral sacroiliac joint sprain, right greater than left and right shoulder parascapular strain. MRI of the lumbar spine dated 03-03-2012 was noted to show mild to moderate foraminal stenosis at L5-S1. Treatment to date has included pain medication, physical therapy, chiropractic therapy, acupuncture, cervical epidural steroid injection and a home exercise program. There is no indication as to how many previous acupuncture visits had been received or documentation of any significant pain reduction or objective functional improvement with previous sessions. The 06-01-2015 progress note indicates that the injured worker had a flare-up of low back pain shooting into the bilateral gluteus medius. Tenderness of the lumbar paraspinal muscles was noted as well as decreased range of motion of the lumbar spine, positive Kemp's test and decreased sensation in the bilateral lower extremities. The physician recommended a short course of 6 sessions of acupuncture. In a progress note dated 07-14-2015, the injured worker reported moderate 5 out of 10 back pain. Pain was reported to have been temporarily relieved with acupuncture. No objective examination findings were documented. Work status was documented as temporarily totally disabled and documentation shows that the injured worker had been off work since 11-07-2011. A request for authorization of acupuncture treatment for the low back two times a week for three weeks, quantity of 6 was submitted. As per the utilization review on 08-04-2015, the request for acupuncture treatment for the low back two times a week for three weeks, quantity of 6 was non-certified.

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

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

**Acupuncture treatment for the low back two times a week for three weeks, quantity: 6:**

Upheld

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

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

**Decision rationale:** Patient has had prior acupuncture treatment with subjective improvement. Provider requested additional 6 acupuncture sessions for the lumbar spine which were non-certified by the utilization review. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Additional visits may be authorized if the patient has documented objective functional improvement. Per MTUS guidelines, Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam or decrease in medication intake. Per review of evidence and guidelines, additional 6 acupuncture treatments are not medically necessary.