

<b>Case Number:</b>	CM15-0177772		
<b>Date Assigned:</b>	09/18/2015	<b>Date of Injury:</b>	07/07/2014
<b>Decision Date:</b>	10/27/2015	<b>UR Denial Date:</b>	08/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2015

### 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 51 year old female who sustained an industrial injury on 07-07-2014. Current diagnoses include lumbar radiculitis, lumbar disc displacement, and lumbar stenosis. Report dated 07-17-2015 noted that the injured worker presented with complaints that included low back pain. It was noted that the injured worker has just started physical therapy and has been undergoing pool therapy with good relief. Pain level was not included. Physical examination performed on 07-17-2015 revealed an antalgic gait, straight leg raise is positive bilaterally, positive paraspinal tenderness, and decreased range of motion. Previous diagnostic studies included a lumbar spine MRI. Previous treatments included medications, pool therapy, physical therapy, and acupuncture. The treatment plan included requests for L5-S1 epidural injection, temporary total disability for 8 weeks, aqua therapy 2x/week for 6 weeks as per AME, continue Robaxin, and follow up in six weeks. There were no previous acupuncture progress notes included, nor was the number of completed visits included. Per a PR-2 dated 4/10/15 and 1/16/15, the claimant complains of low back pain. She wishes for a new location for acupuncture as she is not pleased with the place she went to. Per an AME dated 5/28/15, the claimant stated that acupuncture helped her on a note dated 9/30/14. She had acupuncture through the rest of 2014, and possibly into 2015. Request for authorization dated 08-07-2015, included requests for L5-S1 epidural injection x1, and acupuncture 2 x 6 weeks, and follow up office visit. The utilization review dated 08-14-2015, non-certified the request for acupuncture 2 times per week for 6 weeks for the low back.

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

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

**Acupuncture 2x6 for The 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 unknown quantity and duration and had some subjective benefits. However, the provider fails to document objective functional improvement associated with acupuncture treatment. Therefore further acupuncture is not medically necessary.