

<b>Case Number:</b>	CM15-0024781		
<b>Date Assigned:</b>	02/17/2015	<b>Date of Injury:</b>	11/08/2013
<b>Decision Date:</b>	04/01/2015	<b>UR Denial Date:</b>	01/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/09/2015

### 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 41 year old female, who sustained an industrial injury on 11/8/13. She has reported pain in the lower back and right leg related to lifting a heavy object. The diagnoses have included lumbar degenerative disc disease, lower extremity radiculopathy and anxiety. Treatment to date has included x-rays of the lumbar spine, acupuncture, psychiatric treatments, chiropractic treatments x 24 and oral medications. As of the PR2 dated 11/12/14, the injured worker reports 6/10 pain in the lumbar spine with radiation to the right thigh. The treating physician requested acupuncture 2x week for 3 weeks to the lumbar spine. On 1/27/15 Utilization Review non-certified a request for acupuncture 2x week for 3 weeks to the lumbar spine. The utilization review physician cited the MTUS guidelines for acupuncture. On 2/5/15, the injured worker submitted an application for IMR for review of acupuncture 2x week for 3 weeks to 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 2x3 Lumbar:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm,

Wrist, and Hand Complaints, Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints, Chapter 14 Ankle and Foot Complaints.

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

**Decision rationale:** The Acupuncture Medical Treatment guideline states that acupuncture may be extended with documentation of functional improvement. Records indicate that the patient completed 12 acupuncture sessions. It was noted that acupuncture helped briefly. There was no documentation of functional improvement gained from prior acupuncture care. Therefore, the provider's request for 6 additional acupuncture sessions to the lumbar spine is not medically necessary at this time.