

<b>Case Number:</b>	CM15-0026299		
<b>Date Assigned:</b>	02/18/2015	<b>Date of Injury:</b>	04/28/2006
<b>Decision Date:</b>	04/01/2015	<b>UR Denial Date:</b>	01/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/11/2015

### 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 52 year old female who sustained an industrial injury on 04/26/2006. Diagnoses include sprain/strain of the lumbar region, thoracic or lumbosacral neuritis or radiculitis, pain in joint of the lower leg, and skin sensation disturbance. Treatment to date has included medications, ice, heat and exercise, and acupuncture sessions. A physician progress note dated 01/20/2015 documents the injured worker complains of pain in the neck, lower back, left and right knee pain. Pain is rated 5 out of 10. Pain radiates to the right thigh, right leg and right foot. Medications help and she is tolerating the medications. Range of motion is restricted in the right and left knee. On examination the lumbar area has tenderness in the paravertebral muscles on both sides. Treatment requested is for additional acupuncture therapy x 8 visits (unspecified frequency/duration) for the lumbar spine. On 01/29/2015 Utilization Review non-certified the request for additional acupuncture therapy x 8 visits (unspecified frequency/duration) for the lumbar spine, and cited was Evidenced Based Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional acupuncture therapy x 8 visits (unspecified frequency/duration) for the lumbar spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The claimant is nearly 10 years status post work-related injury and continues to be treated for chronic back and lower leg pain. Treatments have included acupuncture and, after eight treatment sessions, she had decreased pain and increased walking tolerance. Acupuncture had been previously requested as a palliative treatment. Guidelines recommend acupuncture as an option as an adjunct to physical rehabilitation with up to 6 treatments 1 to 3 times per week and optimum duration of 1 to 2 months. In this case, the claimant has already received acupuncture treatments consistent with guidelines recommendations and there is no evidence of a rehabilitation program. Additional acupuncture treatment is not medically necessary.