

<b>Case Number:</b>	CM15-0026366		
<b>Date Assigned:</b>	02/18/2015	<b>Date of Injury:</b>	08/12/2005
<b>Decision Date:</b>	04/02/2015	<b>UR Denial Date:</b>	01/26/2015
<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: 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:

This 56 year old female sustained an industrial injury on 8/12/05. She subsequently reports ongoing low back pain. According to the progress report dated 1/7/15, the patient reported of a flare up of left sacroiliac joint and lumbar spine pain. The patient completed 6 acupuncture sessions. On 1/26/15, Utilization Review non-certified a request for Acupuncture 2 x 3. The Acupuncture 2 x 3 was denied based on MTUS Acupuncture Medical Treatment Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 2 x 3:** Upheld

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

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

**Decision rationale:** The Acupuncture Medical Treatment Guideline states acupuncture may be extended if there is documentation of functional improvement. Based on the submitted document, the patient completed 6 acupuncture sessions. The provider noted 35-40% improvement in the radiating pain into the left lower extremity. Although the patient had

improvement in pain, there was no documentation of functional improvement with prior acupuncture sessions. Therefore, the provider's request for 6 acupuncture session is not medically necessary.