

<b>Case Number:</b>	CM15-0043451		
<b>Date Assigned:</b>	03/13/2015	<b>Date of Injury:</b>	06/30/2013
<b>Decision Date:</b>	04/22/2015	<b>UR Denial Date:</b>	02/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/06/2015

### 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 6/30/13. She reported lower back pain due to her involvement in a work related injury. The injured worker was diagnosed as having neurogenic bladder NOS; lumbosacral neuritis NOS; herniated lumbar disc with lower extremity radiculopathy; degenerative disc disease with antalgia; depression; anxiety and distress. Treatment to date has included x-rays pelvis, lumbosacral spine (4/21/14); MRI lumbar spine (8/6/13); physical therapy x6 (completed 7/20/14); lumbar left L4-5 epidural steroid injection with 50% pain reduction (12/9/14); medications. Currently, per PR-2 notes dated 2/2/15, the injured worker complains of continued low back pain that radiates down both legs with numbness into toes. The pain is noted as severe in the left leg and the pain is causing sleep disturbances.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient acupuncture sessions two times a week for four weeks to the back:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

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

**Decision rationale:** Provider requested initial trial of 2X4 acupuncture sessions, which were modified to 6 by the utilization review. Per guidelines, 3-6 treatments are supported for initial course of Acupuncture with evidence of functional improvement prior to consideration of additional care. Requested visits exceed the quantity of initial acupuncture visits supported by the cited guidelines. Additional visits may be rendered if the patient has documented objective functional improvement. MTUS- Definition 9792.20 (f) 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. Per guidelines and review of evidence, 8 Acupuncture visits are not medically necessary.