

<b>Case Number:</b>	CM15-0062725		
<b>Date Assigned:</b>	04/08/2015	<b>Date of Injury:</b>	05/09/2013
<b>Decision Date:</b>	05/13/2015	<b>UR Denial Date:</b>	03/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/02/2015

### 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 54-year-old male, with a reported date of injury of 05/09/2013. The diagnoses include discogenic lumbar condition with facet inflammation, status post left L4-5 laminectomy and discectomy, and chronic pain syndrome. Treatments to date have included oral medication, two sacroiliac joint injections to the right low back, acupuncture, and transcutaneous electrical nerve stimulation (TENS) unit. The medical report dated 02/25/2015 indicates that the injured worker complained of increased right low back pain. The objective findings include tenderness across the lumbar paraspinal muscles and pain with facet loading, more on the right than the left side. The treating physician requested twelve acupuncture visits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture for the cervical and lumbar spine -12 visits:** Upheld

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

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

**Decision rationale:** The patient has chronic low back pain. The patient had acupuncture treatments in the past. It was noted that it provided relief. The Acupuncture Medical Treatment guidelines states that acupuncture may be extended with documentation of functional improvement. There was no documentation of functional improvement from prior acupuncture treatments. Therefore, the provider's request for 12 acupuncture sessions for the cervical and lumbar spine is not medically necessary at this time.