

<b>Case Number:</b>	CM15-0066156		
<b>Date Assigned:</b>	04/17/2015	<b>Date of Injury:</b>	07/06/2009
<b>Decision Date:</b>	05/18/2015	<b>UR Denial Date:</b>	03/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2015

### 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: 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 59-year-old male, who sustained an industrial injury on July 6, 2009. The injured worker has been treated for neck, mid back, low back, shoulder and knee complaints. The diagnoses have included lumbosacral or thoracic neuritis, low back pain, cervical sprain/strain, shoulder sprain/strain unspecified, right meniscus tear of the knee, severe osteoarthritis of the right knee, lumbar discogenic syndrome, lumbosacral radiculitis, left knee compensatory pain, lumbar spondylolisthesis and myofascial pain. Treatment to date has included medications, radiological studies, a transcutaneous electrical nerve stimulation unit, heat treatment, acupuncture treatments, psychiatric treatment and a home exercise program. Current documentation dated February 13, 2015 notes that the injured worker reported increased low back pain, which radiated to the bilateral lower extremities with associated numbness and tingling and right knee pain. The injured worker had received acupuncture treatments, which were noted to help the pain somewhat with medications. Physical examination of the lumbar spine revealed tenderness to palpation, posture guarding and a decreased range of motion. The injured worker also had decreased sensation in the left lower extremity. The treating physician's plan of care included a request for acupuncture treatment to the lumbar spine # 6.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture for lumbar spine x6 sessions:** Upheld

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

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

**Decision rationale:** The guidelines note that the number of acupuncture sessions to produce functional improvement is 3-6 treatments and also state that extension of acupuncture care could be supported for medical necessity "if functional improvement is documented as either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment." The patient already underwent an unknown number of acupuncture sessions without any objective improvements documented (function-activities of daily living improvement, medication reduction, work restrictions reduction, etc). In the absence of clear evidence of significant quantifiable response to treatment obtained with previous acupuncture care, the request for additional acupuncture is not medically necessary per current guidelines.