

<b>Case Number:</b>	CM15-0067565		
<b>Date Assigned:</b>	04/15/2015	<b>Date of Injury:</b>	09/01/1999
<b>Decision Date:</b>	05/15/2015	<b>UR Denial Date:</b>	03/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/09/2015

### 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 55year old male, who sustained an industrial injury on September 1, 1999, incurred low back injuries after lifting and carrying heavy pipes. He was diagnosed with a lumbosacral sprain, lumbar degenerative disc disease, cervical sprain, lumbar radiculopathy and lumbar disc protrusions. He underwent a lumbar hemi-laminectomy. Treatment included epidural steroid injection, pain management, physical therapy and medications. Per a Pr-2 dated 12/23/2014, the claimant has had physical therapy, acupuncture, and pain medication and they provide pain improvement but he remains symptomatic. Currently the injured worker complained of low back pain radiating down to his left leg. The treatment plan that was requested for authorization included acupuncture for the lumbar spine. The claimant reports improvement from acupuncture in terms of performing his activities of daily living and reducing his intake of oral medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 2x6 for the lumbar spine:** Upheld

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

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

**Decision rationale:** According to evidenced based guidelines, further acupuncture after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. The claimant has had prior acupuncture of unknown quantity and duration and had subjective benefits. However, the provider fails to document objective functional improvement associated with acupuncture treatment. Therefore further acupuncture is not medically necessary.