

<b>Case Number:</b>	CM15-0071531		
<b>Date Assigned:</b>	04/22/2015	<b>Date of Injury:</b>	12/04/2013
<b>Decision Date:</b>	05/27/2015	<b>UR Denial Date:</b>	03/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2015

### 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 female, who sustained an industrial injury on 12/04/2013. She reported immediate sharp pain to her low back. Treatment to date has included x-rays, physical therapy, medications, electrodiagnostic studies and a MRI. According to a progress report dated 02/09/2015, the injured worker complained of sharp lumbar spine pain, left greater than right. Pain was rated 8-9 on a scale of 1-10. Objective findings included abnormal sensations on pain area and functional limited range of motion/strength of injured area. Diagnoses included lumbar spine strain/sprain. Treatment plan included acupuncture treatment. Currently under review is the request for retrospective (date of service 02/06/2015 and 02/09/2015) outpatient acupuncture physical therapy one session and re-examination.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective (DOS 02/06/2015) Outpatient Acupuncture physical therapy one session and re-examination:** Upheld

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

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

**Decision rationale:** The patient has chronic low back pain. The Acupuncture Medical Treatment guidelines state that acupuncture may be extended with documentation of functional improvement. The records indicate that the patient received acupuncture in the past. However, there was no documentation of functional improvement from prior acupuncture treatments; therefore additional acupuncture is not warranted. The provider's retrospective request for outpatient acupuncture therapy for one session performed on 2/6/2015 is not medically necessary at this time.

**Retrospective (DOS 02/09/2015) Outpatient Acupuncture physical therapy one session and re-examination:** Upheld

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

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

**Decision rationale:** As discussed previously, acupuncture may be extended with documentation of functional improvement. There was no objective quantifiable documentation regarding functional improvement from prior acupuncture care. Therefore, the provider's retrospective request for outpatient acupuncture therapy serviced on 2/9/2015 is not medically necessary at this time.