

<b>Case Number:</b>	CM15-0071773		
<b>Date Assigned:</b>	04/22/2015	<b>Date of Injury:</b>	11/09/2013
<b>Decision Date:</b>	05/22/2015	<b>UR Denial Date:</b>	04/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/15/2015

### 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 37 year old male, who sustained an industrial injury on 11/9/2013. He reported low back pain. The injured worker was diagnosed as having lumbago, lumbosacral spondylosis without myelopathy, thoracic or lumbosacral neuritis or radiculitis, and myalgia and myositis. Treatment to date has included medications, acupuncture, and physical therapy. The request is for acupuncture of the lumbar and thoracic spine. On 3/30/2015, he had continued low back pain he rated 5-7/10, right leg pain rated 5/10, and left leg pain rated 2-3/10. He finished 6 acupuncture treatments and the provider noted "efficacy is cumulative in nature". The treatment plan included: additional acupuncture, Ibuprofen, light duty work, and follow up in one month. The records indicate he had failed physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture x 12 Visits Lumbar and Thoracic:** Upheld

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

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

**Decision rationale:** The patient complained of low back pain. The patient has failed physical therapy. The Acupuncture Medical Treatment guideline states that acupuncture may be extended with documentation of functional improvement. The patient completed 6 acupuncture sessions as of 3/30/15. The patient complained of low back pain. The patient has failed physical therapy. However, there was no objective documentation of functional improvement to warrant additional acupuncture. Therefore, the provider's request for 12 additional acupuncture sessions to the lumbar and thoracic region is not medically necessary at this time.