

<b>Case Number:</b>	CM15-0072889		
<b>Date Assigned:</b>	04/23/2015	<b>Date of Injury:</b>	09/11/2013
<b>Decision Date:</b>	05/26/2015	<b>UR Denial Date:</b>	04/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/16/2015

### 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 female, who sustained an industrial injury on 09/11/2013. She reported a painful pop to her spine. The injured worker was diagnosed as having a lumbar strain and bilateral knee derangement. Treatment to date has included x-rays, MRI of the lumbar spine, physical medicine and medications. According to a progress report dated 02/05/2015, the injured worker complained of lumbar spine pain, bilateral knee pain, thoracic spine pain and cervical spine pain. The diagnostic impression was noted as lumbar disc displacement without myelopathy, sciatica, thoracic disc displacement without myelopathy, tear of medial meniscus of the knees and cervical sprain/strain. The injured worker was declared temporarily totally disabled until 04/05/2015. Treatment plan included 12 physical medicine visits, pain management referral and multi interferential stimulator. According to a progress report dated 04/01/2015, no additional therapy was being requested. There had been no functional improvement recorded since the last examination and the injured worker was scheduled to start her initial 6 sessions of acupuncture therapy on 04/02/2015. Currently under review is the request for electro acupuncture x 6 to the lumbar spine and bilateral knees.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Electro acupuncture x6 to the lumbar spine, bilateral knees: Upheld**

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

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

**Decision rationale:** Patient has had prior acupuncture treatment. Provider requested additional 6 electro-acupuncture sessions to the lumbar spine and bilateral knees which were non-certified by the utilization review. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Additional visits may be rendered if the patient has documented objective functional improvement. Per MTUS guidelines, Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam or decrease in medication intake. Per review of evidence and guidelines, 6 electro-acupuncture treatments are not medically necessary.