

<b>Case Number:</b>	CM15-0075152		
<b>Date Assigned:</b>	04/27/2015	<b>Date of Injury:</b>	05/23/2014
<b>Decision Date:</b>	05/27/2015	<b>UR Denial Date:</b>	04/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/20/2015

### 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 30-year-old male, who sustained an industrial injury on 05/23/2014. He reported that a six-inch pipe rolled off of a rack that he was working on that was approximately three feet high causing the rolling pipe to land on him that subsequently caused his spine to be forcefully flexed and pushing his head toward his knees. The injured worker had felt an immediate onset of pain to the back and later to his bilateral knees with the right greater than the left. The injured worker was diagnosed as having lumbar one compression fracture. Treatment to date has included physical therapy, acupuncture, chiropractic therapy, medication regimen, and magnetic resonance imaging of the lumbar spine. In a progress note dated 01/20/2015 the treating physician reports complaints of aching pain to the neck with pins and needles into the bilateral shoulder blade and rates the pain a four out of ten on the pain scale. The injured worker also complains of aching pain to the mid back radiating to the lower back along with pins and needles to the center of the back and rates the pain a three out of ten. The treating physician requested acupuncture two times a week for four weeks to the lumbar spine for the pain relieving modalities and also noted that the injured worker had significant relief with previous acupuncture.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 2x4 lumbar spine:** 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 mid back pain radiating to the lower back with pins and needles to the center of the back. The Acupuncture Medical Treatment guideline recommends acupuncture for pain. It states that acupuncture may be extended with documentation of functional improvement. The patient received 14 acupuncture sessions and was noted to provide significant relief. However, there was no documentation of functional improvement from prior acupuncture sessions. Therefore, the provider's request for 8 additional acupuncture sessions to the lumbar spine is not medically necessary at this time.