

<b>Case Number:</b>	CM15-0075338		
<b>Date Assigned:</b>	04/27/2015	<b>Date of Injury:</b>	08/26/2014
<b>Decision Date:</b>	05/26/2015	<b>UR Denial Date:</b>	03/20/2015
<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 59 year old male who sustained an industrial injury to his lower back on 08/26/2014. The injured worker was diagnosed with lumbago and lumbar radiculopathy. Treatment to date includes lumbar magnetic resonance imaging (MRI) in October 2014, conservative measures, acupuncture therapy and medications. According to the primary treating physician's progress report on December 3, 2014, the injured worker continues to experience low back pain with shooting, burning sensation into the buttocks without weakness or loss of sensation. He reports minimal improvement with medications and rates his pain level and 8/10. Examination of the lumbar spine demonstrated pain on palpation over the lumbar paravertebral muscles with unrestricted range of motion, no evidence of radiating pain to the lower extremities or lumbar spine pain with maneuvers. Straight leg raise was positive bilaterally. Current medications are listed as Baclofen and Gabapentin. Treatment plan consists of increasing Gabapentin; discontinue Baclofen, start Flexeril and the current request for acupuncture therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 2x3 for the lumbar:** Upheld

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

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

**Decision rationale:** Provider requested additional 2X3 acupuncture sessions for the lumbar spine which were non-certified by the utilization review. 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, 2x3 acupuncture treatments are not medically necessary.