

<b>Case Number:</b>	CM15-0075805		
<b>Date Assigned:</b>	04/27/2015	<b>Date of Injury:</b>	03/18/2014
<b>Decision Date:</b>	05/22/2015	<b>UR Denial Date:</b>	04/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2015

### 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: 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 March 18, 2014. She reported sitting back into a rolling chair and fell backwards, feeling immediate pain in her low back and tailbone. The injured worker was diagnosed as having lumbar spine sprain/strain with radicular complaints. Treatment to date has included CT spine, MRIs, acupuncture, and medications. Currently, the injured worker complains of intermittent moderate low back pain with radiation to both legs. The Primary Treating Physician's report dated March 5, 2015, noted the examination of the lumbar spine revealed tenderness to palpation about the paralumbar musculature with restricted range of motion (ROM) due to pain, and a positive Patrick Fabere's test. A MRI of the sacrum and coccyx was noted to be unremarkable. The treatment plan was noted to include prescriptions for Lidoderm Patch and Tramadol, and a request for authorization for acupuncture treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional acupuncture for lumbar spine 2x4:** Upheld

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

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

**Decision rationale:** The guidelines note that the amount of acupuncture to produce functional improvement is 3 to 6 treatments. The same guidelines could support extension of acupuncture care for medical necessity if functional improvement is documented as either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment. The review of records does not revealed how many sessions were completed of the previously authorized 8 visits. In addition, no evidence of any sustained, significant, objective functional improvement (quantifiable response to treatment) obtained with previous acupuncture was provided to support the reasonableness and necessity of the additional acupuncture requested. Also, the request is for acupuncture x 8, number that exceeds the guidelines without a medical reasoning to support such request. Therefore, the additional acupuncture x 8 is not medically necessary.