

<b>Case Number:</b>	CM15-0076285		
<b>Date Assigned:</b>	04/27/2015	<b>Date of Injury:</b>	04/12/2007
<b>Decision Date:</b>	06/02/2015	<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: 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 (IW) is a 46 year old male who sustained an industrial injury on 04/12/2007. He reported lower back pain. The injured worker was diagnosed as having lumbar spine myofascial pain syndrome, lumbar disc displacement lumbar sprain/strain, and lumbar radiculopathy. Treatment to date has included oral pain medications, and acupuncture. The IW feels the acupuncture is helping him feel better, and stated it gave him functional improvement, and the ability to do more self-care activity. There is no documented improvement in the current objective findings. Currently, the injured worker complains of ongoing pain in the lower back and bilateral lower extremities, right greater than left. The treatment plan includes continuation of Tramadol, Cymbalta, and Motrin and requests for approval for continuation of electro-acupuncture treatments.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Electro acupuncture 2 times a week for 6 weeks for the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Acupuncture Treatment Guidelines.

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

**Decision rationale:** The Acupuncture Medical Treatment guideline recommends acupuncture for pain. It states that acupuncture may be extended with documentation of functional improvement. According to the progress report dated 1/19/2015, the provider reported that the patient is going through the trial of electro-acupuncture treatment and reports some functional improvement and wishes to continue treatment. The patient completed 6 acupuncture sessions from 1/06/2015 through 1/26/2015. There was no objective quantifiable documentation regarding functional improvement from prior acupuncture sessions. Therefore, the provider's request for 12 acupuncture sessions to the lumbar spine is not medically necessary.