

<b>Case Number:</b>	CM15-0078080		
<b>Date Assigned:</b>	04/29/2015	<b>Date of Injury:</b>	04/12/1997
<b>Decision Date:</b>	06/04/2015	<b>UR Denial Date:</b>	04/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/23/2015

### 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 59 year old male with an industrial injury dated 04/21/1997. His diagnosis was lumbar radiculopathy. Prior treatment included TENS unit, pain medication and laminectomy. He presents on 03/26/2015 with severe pain in his back. He rates his pain as a 9/10 on presentation, at best a 4/10 with the medications and a 10/10 without medications. Physical exam revealed palpable spasm in the lumbar trunk. He was forward flexed with antalgic posture. He cannot stand up straight. There is sensory loss to light touch and pin prick in the left lateral calf and bottom of his foot. There is a 4/5 weakness in left thigh flexion, great toe extension and knee extension. Treatment plan included an injection of Dilaudid in the office decreasing his pain to 3/10. Other medications included Norco, Amrix and Celebrex. The provider documents the injured worker has a 50% reduction in pain and 50% functional improvement with activities of daily living with his medications. Other documentation states the injured worker is under a narcotic contract with the office and urine drug screens have been appropriate. He had been authorized for spine surgery but needed to hold off on the surgery due to his wife having recent surgery. Treatment plan included medications and acupuncture.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 visits of acupuncture to the lumbar spine:** Upheld

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

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

**Decision rationale:** Based on the records available, it does not appear that the patient has had acupuncture in the past. As the patient continued symptomatic despite previous treatments, an acupuncture trial for pain management and function improvement would have been reasonable and supported by the MTUS (guidelines). The guidelines note that the amount to produce functional improvement is 3-6 treatments. The same guidelines could support additional care based on the functional improvement(s) obtained with the trial. As the provider requested initially 8 sessions, number that exceeds the guidelines recommendations without documenting any extraordinary circumstances, the request is seen as excessive, therefore not supported for medical necessity.