

<b>Case Number:</b>	CM15-0078626		
<b>Date Assigned:</b>	04/29/2015	<b>Date of Injury:</b>	07/07/1999
<b>Decision Date:</b>	05/29/2015	<b>UR Denial Date:</b>	04/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/24/2015

### 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 70-year-old male, who sustained an industrial injury on 7/07/1999. The medical records submitted for this review did not include the details regarding the initial injury. Diagnoses include low back pain, degenerative disc disease, radiculopathy, stenosis, depression and chronic pain. Treatments to date include lying down, medication therapy, physical therapy, acupuncture treatments, epidural steroid injections, and home exercise. Currently, he complained of low back and left groin pain. The lower extremity pain was documented to be improved from the prior epidural steroid injection. On 4/1/15, the physical examination documented left groin pain with straight leg raising test. The plan of care included additional acupuncture treatments. The claimant had acupuncture between 2/20/2015-3/10/2015. Per a PR-2 dated 2/25/2015, the claimant has had approximately 2 sessions and it is starting to help with his groin pain. Per an acupuncture report dated 3/10/2015, the claimant has had six acupuncture sessions since 2/20/2015. The claimant has not shown a functional improvement in Oswestry scale. He has shown a functional improvement in standing and a functional decrease in travelling. He is able to do a little more with increased mental agility and physical strength. He is able to stand and walk better for 2 days after acupuncture and then the pain returns to the same. He states that he has not had significant changes with acupuncture, however he has gained flexibility and strength in the low back. Per a PR-2 dated 4/1/2015, acupuncture was significantly helpful and diminished his pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Six (6) acupuncture therapy sessions for the low back:** Upheld

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

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

**Decision rationale:** According to evidenced based guidelines, further acupuncture after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. The claimant has had prior acupuncture of unknown quantity and duration and had mild subjective benefits. However, the provider fails to document objective functional improvement associated with acupuncture treatment. Therefore, further acupuncture is not medically necessary.