

<b>Case Number:</b>	CM15-0078856		
<b>Date Assigned:</b>	04/30/2015	<b>Date of Injury:</b>	01/04/2008
<b>Decision Date:</b>	06/02/2015	<b>UR Denial Date:</b>	04/07/2015
<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 53 year old female patient who sustained an industrial injury on 01/04/2008. A primary treating office visit dated 03/05/2015 reported the patient deemed permanent and stationary, and is now being seen for future medical care. She is with subjective complaint of experiencing a flare-up of lumbar spine pain that radiates into the lower extremities. She was given a trigger point injection and experienced immediate relief. The plan of care noted medications refilled as they are providing effective relief. Tapering of Norco medication was also initiated decreasing this months' supply from 60 to 50. In addition, additional physical therapy sessions are recommended. The following diagnosis is applied: lumbosacral radiculitis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 2 times a week for 4 weeks lumbar spine:** Overturned

**Claims Administrator guideline:** Decision based on MTUS 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 if there is documentation of functional improvement. It was noted that the patient had a flare up of the lumbar spine pain with radiation into the lower extremity. The provider noted that the patient was able to reduce the amount of pain medication with acupuncture treatment. The patient is tapering Norco medications from 60 tablets down to 50 tablets. Based on the reduction of pain medication with acupuncture treatments, continuation of acupuncture therapy appears necessary. Therefore, the provider's request for 8 acupuncture session 2 times a week for 4 weeks to the lumbar spine is medically necessary.