

<b>Case Number:</b>	CM15-0098461		
<b>Date Assigned:</b>	05/29/2015	<b>Date of Injury:</b>	07/13/2002
<b>Decision Date:</b>	06/26/2015	<b>UR Denial Date:</b>	04/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/21/2015

### 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:

This 56 year old male sustained an industrial injury on 7/13/02. He subsequently reported low back pain. Diagnoses include lumbar postlaminectomy syndrome, sprains and strains of sacroiliac region, displacement of intervertebral disc and hereditary sensory neuropathy. Treatments to date include MRI and x-ray testing, spine surgery, therapy, acupuncture, injections and prescription pain medications. The injured worker continues to experience chronic low back pain with radiation of pain into the bilateral lower extremities. Upon examination, antalgic gait was noted. Tenderness to palpation was noted at the lumbosacral junction. Range of motion at the lumbar spine was reduced. A request for Additional Acupuncture x 8 visits to the Lumbar Spine was made by the treating physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Acupuncture x 8 visits 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:** The UR determination of 4/25/15 denied the request for additional Acupuncture management, 8 visits to the patient's lumbar spine citing CAMTUS Acupuncture Treatment Guidelines. The patient is reported to have completed a functional restoration program and a course of Acupuncture prior to the RFA dated 4/10/15 requesting 8 additional visits to manage lumbar spine deficits. Medical documents failed to address what functional improvement was attributable to the prior Acupuncture care as required by CAMTUS Acupuncture Treatment Guidelines. The request for additional care 8 sessions was not supported by the reviewed documents or CAMTUS Acupuncture Treatment Guidelines and therefore is not medically necessary.