

<b>Case Number:</b>	CM15-0098686		
<b>Date Assigned:</b>	06/01/2015	<b>Date of Injury:</b>	05/09/2013
<b>Decision Date:</b>	07/30/2015	<b>UR Denial Date:</b>	05/07/2015
<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: 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 54 year old male, who sustained an industrial injury on 5/9/13. He has reported initial complaints of low back injury after moving furniture. The diagnoses have included bilateral lumbar facet joint pain, lumbar facet joint arthropathy, chronic low back pain, lumbar strain/sprain and history of diabetes. Treatment to date has included medications, activity modifications, surgery, physical therapy, home exercise program (HEP), back brace, hot and cold wraps, Transcutaneous electrical nerve stimulation (TENS) and conservative care. Currently, as per the physician progress initial consultation note dated 4/21/15, the injured worker complains of bilateral low back pain rated 8/10 on pain scale and has been experiencing achy symptoms since the date of injury. The injured worker is not working. The physical exam of the lumbar spine reveals restricted range of motion by pain in all directions. In the standing position he is able to forward flex so that the tip of his long digit is 50 centimeters from touching the floor. The lumbar extension was 20 degrees with low back pain and side bending was 20 degrees bilaterally with low back pain. Lumbar extension was worse than lumbar flexion. The sustained hip flexion was positive bilaterally. The current medications included Tramadol, Trazodone, Topamax, Norco, Metformin, Glyburide, Januvia and Lantus. There was no diagnostic reports noted and no previous therapy sessions were noted in the records. There were no reports of any urine drug screen noted in the records. The physician requested treatment included Acupuncture x 12 sessions to low back.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture x 12 sessions to low back:** Upheld

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

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

**Decision rationale:** The guidelines note that the amount of acupuncture to produce functional improvement is 3 to 6 treatments. The same guidelines read extension of acupuncture care could be supported for medical necessity "if functional improvement is documented as either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment". The review of records indicated the 3 acupuncture sessions were previously approved, but it's unclear whether such care was rendered or not. If the care was rendered, no functional benefits were reported afterwards, if the care was not rendered, before additional care could be assessed for medical necessity, those 3 sessions need to be completed and the medical condition be re-evaluated. Despite the previously mentioned, the request is for acupuncture x 12, number that exceeds significantly the guidelines criteria without any mitigating factor mentioned to override the guidelines criteria. Therefore, the additional acupuncture is not medically necessary.