

<b>Case Number:</b>	CM13-0048069		
<b>Date Assigned:</b>	02/14/2014	<b>Date of Injury:</b>	11/02/2009
<b>Decision Date:</b>	03/04/2015	<b>UR Denial Date:</b>	10/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2013

### 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 female sustained work related industrial injuries on November 2, 2009. The mechanism of injury was not described. The injured worker subsequently complained of low back pain. The injured worker was diagnosed and treated for L4-5 large disc with radiculitis to left lower extremities. Treatment consisted of laboratory studies, prescribed medications, pain management, acupuncture, home exercise therapy, consultation and periodic follow up visits. Per treating provider report dated October 9, 2013, the injured worker reported persistent symptoms in her lower back with radiating pain to the left lower extremity and numbness and tingling of the foot. Physical exam revealed tenderness to palpitation over the paravertebral muscle area and restricted range of motion of the lumbar spine. Straight leg raise test was positive on the left. As of October 9, 2013, the injured worker's work status was modified duties. The treating physician prescribed services for acupuncture treatment 1x6 for lumbar spine now under review. On October 24, 2013, the Utilization Review (UR) evaluated the prescription for acupuncture treatment 1x6 for lumbar spine requested on October 16, 2013. Upon review of the clinical information, UR non-certified the request for acupuncture treatment 1x6 for lumbar spine, noting the lack of clinical documentation of functional improvement from prior acupuncture treatments, and the recommendations of the MTUS and the Official Disability Guidelines. This UR decision was subsequently appealed to the Independent Medical Review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 1 times per week for 6 weeks 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:** Patient has had prior acupuncture treatment. Provider requested additional 6 acupuncture treatments for lumbar spine which were non-certified by the utilization review. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Additional visits may be rendered if the patient has documented objective functional improvement. Per MTUS guidelines, Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam or decrease in medication intake. Per review of evidence and guidelines, 1X6 acupuncture treatments are not medically necessary.