

<b>Case Number:</b>	CM13-0003639		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	11/19/2005
<b>Decision Date:</b>	02/27/2014	<b>UR Denial Date:</b>	07/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/25/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 56-year-old female with a DOI of 11/19/2005, who had a groin injury when she fell into a set speakers. She has diagnoses of chronic low back pain, left hip pain, groin pain, and nerve pain radiating from the back to the legs. The patient wants to try non-pharmaceutical medications to alleviate her symptoms as stated on progress note date 6/11/2013. The physician states she has had acupuncture in the past with decreased pain from 9/10 to a 2-3/10. Notes from January 22, 2013 indicate the patient had 2x4 sessions of acupuncture for low back pain and bilateral buttock pain. Records until 9/2013 indicate repeated appeals for acupuncture x8 sessions. 6 sessions were approved in 9/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture:** Upheld

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

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

**Decision rationale:** MTUS acupuncture guidelines, page 9, state that acupuncture may be used if functional improvement is made. The records do not indicate functional improvement. There was, however, a decrease in pain. Additional acupuncture may be warranted, but the number

should be limited to what the guides provide as a trial, which is 3 to 6 sessions to show improvement. The acupuncture should be used as an initial trial, as there is no documentation of functional improvement. If after the 3-6 sessions, improvement is shown, the patient should receive additional treatment. However, as requested, 8 sessions of acupuncture is not appropriate.