

<b>Case Number:</b>	CM13-0004202		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	01/14/2012
<b>Decision Date:</b>	01/15/2014	<b>UR Denial Date:</b>	07/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/26/2013

### 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 Physical Medicine & Rehabilitation has a subspecialty in Sports Medicine and is licensed to practice in New York and Texas. 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 58-year-old female who reported injury on 01/14/2012. The mechanism of injury was due to repetitive lifting and bending. The diagnoses were noted to be lower back pain with bilateral lower extremity radiculopathy and thoracic spine sprain/strain. The request was made for acupuncture treatment 2 times a week for 6 weeks and physical therapy sessions 3 times a week for 4 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**acupuncture treatment 2 times per week for 6 weeks:** Upheld

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

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

**Decision rationale:** California MTUS guidelines recommend Acupuncture as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The time to produce functional improvement is 3 treatments to 6 treatments and acupuncture treatments may be extended if functional improvement is documented, including either a clinically significant improvement in activities of daily living or a reduction in work restrictions. Per the PR-2 dated

10/24/2013, the patient indicated they had low back pain that was moderate to severe. The patient had previous minimal improvement and the patient was noted to have acupuncture in the month prior. The objective findings were noted to be unchanged since the visit of 09/18/2013. The clinical documentation submitted for review indicated the patient had prior acupuncture treatments; however, it failed to provide documentation of functional improvement to support ongoing treatment. Given the above, the request for acupuncture treatment 2 times per week for 6 weeks is not medically necessary.

**physical therapy sessions 3 times per week for 4 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Page(s): 98-99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98,99.

**Decision rationale:**