

<b>Case Number:</b>	CM13-0008356		
<b>Date Assigned:</b>	11/08/2013	<b>Date of Injury:</b>	07/02/2012
<b>Decision Date:</b>	04/28/2014	<b>UR Denial Date:</b>	07/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/08/2013

### 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 Chiropractic and Acupuncture, 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 injured worker reported low back pain from injury sustained on 07/02/12 after pulling a palette with boxes of water. MRI of the lumbar spine revealed spondylosis at L3-4, L4-5, L5-S1. EMG/NCS studies were normal. The patient is diagnosed with Lumbago and sprain of Lumbar region. The patient has been treated with medication and physical therapy. It is unclear if the patient has had prior acupuncture. According to the notes dated 07/08/13, there is pain with limited motion and tenderness, therefore the patient is a candidate for acupuncture x 6. Acupuncture request fails to mention any functional deficits necessitating care. According to the notes dated 08/05/13, the patient describes the pain as moderate; pain radiates to the leg. Symptoms include burning pain, stiffness, numbness and weakness. According to the notes dated 11/4/13, the patient describes the pain as mild, pain does not radiate, and the symptoms are improving. The patient was declared maximally medically improved.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **SIX ACUPUNCTURE TREATMENT FOR 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:** According to the Acupuncture Medical treatment Guidelines, "Acupuncture is used as an option when pain medication is reduced and not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery". "Time to produce function improvement: 3-6 treatments. 2) Frequency: 1-3 times per week. 3) Optimum duration: 1-2 months. Acupuncture treatments may be extended if functional improvement is documented". The employee hasn't had prior acupuncture treatment. Acupuncture is used when pain medication is reduced or not tolerated, it may also be used as an adjunct to physical rehabilitation, both of which were not mentioned in the medical records. Acupuncture request fails to mention any functional deficits necessitating care. According to the guidelines and review of evidence, 6 Acupuncture visits are not medically necessary.