

<b>Case Number:</b>	CM13-0008456		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	04/09/2009
<b>Decision Date:</b>	01/23/2014	<b>UR Denial Date:</b>	07/08/2013
<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 Physical Medicine & Rehabilitation 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 60-year-old male who sustained a work related injury on 04/09/2009. The treatment plan in the progress report dated 07/23/2013 recommended continuation of medication management, continuation of home exercise, and acupuncture therapy of 1 time a week for 3 to 4 months. The most recent progress report dated 10/08/2013 indicated that the patient was attending acupuncture therapy once a week and the patient reported it to be "helpful". The patient reported constant low back pain rated 7/10 before medication and a decrease to 5/10 after medication. Objective findings documented that the patient lacked 2 inches from touching his toes. The patient's diagnoses included lumbar spine sprain with radiculitis, disc bulge, disc protrusion, extruded disc fragment, degenerative disc disease, vertebral body enlargement, and disc osteophyte. The treatment plan included continuation of medication management with Anaprox and Omeprazole, continuation of a home exercise program, and acupuncture 1 time a week for 3 to 4 months.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture treatment once weekly for three to four months:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Acupuncture Guidelines state that acupuncture is used as an option when pain medication is reduced or not tolerated, and that it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The clinical information submitted for review lacks documentation of pain medication reduction or intolerance; however, the clinical evidence does document pain reduction with medication use. Furthermore, the clinical information submitted for review indicates that the patient has had prior acupuncture therapy, but there is no documentation submitted for review to indicate functional improvement or pain reduction. As such, the request for acupuncture treatment once weekly for 3 to 4 months is non-certified.