

<b>Case Number:</b>	CM13-0011362		
<b>Date Assigned:</b>	12/04/2013	<b>Date of Injury:</b>	09/13/2012
<b>Decision Date:</b>	01/15/2014	<b>UR Denial Date:</b>	07/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/15/2013

### 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 and 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 55 year old female who was involved in an motor vehicle accident on 9/13/12 when a police car hit the side of the bus she was driving. Patient developed back pain, right hip pain and right elbow pain with radiation to the right knee. A lumbar MRI on 12/20/12 showed disc protrusion at L4/5 and L5/S1. Treatment included physical therapy and acupuncture sessions. Clinical note on 7/18/2013 stated that "patient received AP treatment, may be slightly improved overall, still reporting right sided low back pain of 7 to 9 out of 10. Physical examination showed full range of motion in the lumbar spine, tenderness in SI joint and a normal neuro examination. The request was submitted for 4 additional acupuncture treatments."

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Four (4) acupuncture sessions for the lumbar spine once per week for four (4) weeks:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

**Decision rationale:** From the clinic note on 7/18/13, patient did not have any clear functional improvement from the previous acupuncture. It was stated that the patient "may be slightly

improved overall". Furthermore, her pain level was still at 7-9 out of 10 which was the same as before and during her acupuncture treatments. Therefore, the request for additional acupuncture does not meet the guidelines.