

<b>Case Number:</b>	CM13-0011415		
<b>Date Assigned:</b>	11/06/2013	<b>Date of Injury:</b>	02/13/2001
<b>Decision Date:</b>	02/28/2014	<b>UR Denial Date:</b>	08/01/2013
<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 Chiropractic, has a subspecialty in 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.

### 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 66-year-old female with a date of injury of 2/13/2001. According to the progress report dated 7/24/2013, the patient complained of back and leg pain. She rated her back pain at 5/10 and 5/10 in her bilateral lower extremity. The patient reported that her spasticity has worsened in the back and lower extremities. Physical examination revealed no atrophy, edema, or joint deformity in the lower extremities. The musculature of the lower extremities was tender to palpation. In regards to the thoracic spine exam, there was +1 tenderness over the paraspinal musculature bilaterally and restricted range of motion in flexion. There was spasticity of the lower extremities and 4+/4 deep tendon reflexes with clonus. The patient had a slightly unsteady gait.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 1 time a week for 3 weeks for the thoracic back:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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

**Decision rationale:** The provider's request for acupuncture once a week for 3 weeks for the thoracic spine is not medically necessary at this time. Per the progress report dated 7/25/2013, the provider stated that the patient was better with acupuncture in the past while continuing home exercise program. The patient had 3 acupuncture visits and noted that it was helpful in relaxing

her leg muscles and reduce swelling. The guideline states that acupuncture may be extended if functional improvement is documented as defined in section 9792.20(f). There was no documentation of functional improvement as defined in section 9792.20(f) in the submitted documentation.