

<b>Case Number:</b>	CM13-0012539		
<b>Date Assigned:</b>	09/18/2013	<b>Date of Injury:</b>	09/22/2009
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	08/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/13/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is licensed in Chiropractic Services, 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 expert 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 50-year-old male with a date of injury of 9/22/2009. According to the progress report dated 7/18/2013, the patient was diagnosed with lumbago, bilateral knee internal derangement, hypertension and diabetes, and weight gain. Significant objective findings include paravertebral muscle tenderness in the lumbar spine, muscle spasm, restricted range of motion, and positive straight leg raise. In regards to the bilateral knees, the patient experienced joint line tenderness and positive McMurray's bilaterally.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ACUPUNCTURE 3 X WEEK FOR 4 WEEKS FOR LOW BACK:** Upheld

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

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

**Decision rationale:** Upon review of the submitted records, there was no evidence that the patient had acupuncture care in the past. The guideline recommends an initial trial of 3-6 acupuncture sessions for pain. It states that acupuncture may be extended with documentation of functional improvement. The provider's request for acupuncture 3 times a week for 4 weeks for the low

back and the bilateral knees exceeds the guidelines recommendation for an initial trial; therefore the request is not medically necessary and appropriate.

**ACUPUNCTURE 3 X WEEK FOR 4 WEEK FOR BILATERAL KNEES:** Upheld

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

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

**Decision rationale:** Upon review of the submitted records, there was no evidence that the patient had acupuncture care in the past. The guideline recommends an initial trial of 3-6 acupuncture sessions for pain. It states that acupuncture may be extended with documentation of functional improvement. The provider's request for acupuncture 3 times a week for 4 weeks for the low back and the bilateral knees exceeds the guidelines recommendation for an initial trial; therefore the request is not medically necessary and appropriate.