

<b>Case Number:</b>	CM13-0014022		
<b>Date Assigned:</b>	10/02/2013	<b>Date of Injury:</b>	11/18/2012
<b>Decision Date:</b>	01/16/2014	<b>UR Denial Date:</b>	08/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/21/2013

### 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, 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 69 year old female with a date of injury of 11/2/12. The patient was diagnosed with unspecified lumbosacral neuritis. Records indicate that the patient was treated for low back and neck pain. According to the progress note dated 7/18/13, the patient complained of headaches that were rated 9/10 on a pain scale. She stated that the pain has been increasing. She also feels pressure at her right ear. Significant objective findings include paravertebral muscle tenderness and spasm in the cervical and lumbar spine. Range of motion for the cervical spine, lumbar spine, and left shoulder decreased. Deep tendon reflexes are normal and symmetrical. Straight leg is positive on the right. The patient was positive for impingement sign.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**The request for acupuncture three times a week for four weeks for the shoulders, neck, back, legs, left foot, and left ankle:** Overturned

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

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

**Decision rationale:** The Acupuncture Medical Treatment Guidelines recommend acupuncture for pain, specially a trial of 3-6 treatments with a frequency of 1-3 times a week over 1-2 months

to produce functional improvement. Acupuncture treatments may be extended if functional improvement is documented as defined in section 9792.20(f). According to Â§ 9792.20 Medical Treatment Utilization Schedule, functional improvement is defined as either a clinically significant improvement in activities of daily living or reduction in work restriction as measured during the history and physical exam and a reduction in dependency on continued medical treatment. According to the progress report dated 7/18/13, the patient finished her course of acupuncture and stated that it has decreased her pain significantly. She also states that she decreased the amount of pain medication, and that her range of motion has improved with acupuncture therapy. The provider's request for 12 acupuncture sessions is medically necessary at this time.