

<b>Case Number:</b>	CM13-0014870		
<b>Date Assigned:</b>	10/07/2013	<b>Date of Injury:</b>	03/06/2010
<b>Decision Date:</b>	01/22/2014	<b>UR Denial Date:</b>	08/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/22/2013

### 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 Care, 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 38-year-old female with a date of injury of 3/6/2010. The patient was diagnosed with medial epicondylitis of the right elbow and chronic low back pain. According to the progress report dated 7/11/2013, the patient is status post lateral release of the right knee and was complaining of low back pain as well as right medial elbow pain. Significant objective findings include tenderness to palpation over the medial epicondyle of the right elbow, tightness and spasms in the lower back.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Eight (8) acupuncture sessions for the lumbar spine, two (2) times a week for four (4) weeks:** Upheld

**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. It recommends a trial of 3 to 6 treatments with a frequency of 1 to 3 times a week over 1 to 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 7/11/2013, the provider stated that the patient has had acupuncture in the past and it was helpful. However, there was no evidence of functional improvement in the submitted documents; therefore, the provider's request for 8 additional acupuncture sessions is not medically necessary at this time.