

<b>Case Number:</b>	CM13-0015587		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	09/19/2000
<b>Decision Date:</b>	02/03/2014	<b>UR Denial Date:</b>	08/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/23/2013

### 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 Occupational Medicine 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 62 year old female with a DOI of 9/19/2000 with injuries to the neck and lower back. Treating doctor's report dated 2/4/13 stated that the patient finished with acupuncture that helped her symptoms (details not given). She had neck and low back pain rated 6 out of 10. Exam findings revealed tenderness in the cervical and lumbar paraspinal muscles. Her diagnosis was cervical and lumbar myofascial pain. Her treatment consisted of naproxen and six sessions of acupuncture. Treating doctor's report dated 8/5/13 reveals that the patient was last seen 6 months prior to this visit. She has increase in pain from carrying a heavy case. Findings includes cervical spine decreased range of motion without pain and without radiating pain to the upper extremities, tenderness of the cervical paraspinals, decreased lumbar ranges of motion and tenderness in the lumbar paraspinal muscles with (-) straight leg raise (SLR). The request is for 6 additional acupuncture sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 additional acupuncture:** Upheld

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

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

**Decision rationale:** This patient is reported to have increased function with past acupuncture treatments 2/2013 and 8/2012 (every 6 months, 6 sessions each). Reports indicate the acupuncture has helped her symptoms. There are acupuncture reports from previous treatments (one from each set of treatments) stating the patient has had functional improvement with acupuncture. However, the records are unclear as to what the improvement was (they are check boxes) and they do not show a significant change in ADLs or reduction in work restrictions. It appears the patient sees the primary treating physician (PTP) every 6 months. There are no follow-up PTP notes given. Therefore, as there is no functional improvement clearly noted, the acupuncture 6 visits are not appropriate.