

<b>Case Number:</b>	CM13-0016596		
<b>Date Assigned:</b>	11/06/2013	<b>Date of Injury:</b>	09/30/2012
<b>Decision Date:</b>	01/27/2014	<b>UR Denial Date:</b>	08/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2013

### 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, 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.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the medical records, the patient is a 60 year old male with chronic low back pain due to an injury that took place on 9/30/12. Previous treatments have included medications, injections, acupuncture, and physical therapy. A progress report dated 8/2/13 by [REDACTED] revealed low back pain (4/10) radiating down the left lower extremity with weakness. A lumbar exam noted tenderness in the lumbar spine at L3-L5 associated paraspinal muscles, positive Kemp's test bilaterally, positive SLR testing in the left, decreased sensation in the path of L4, L5, and S1 dermatomes on the left, weakness with toe raising on the left compared to the right, and weakness in the left first toe. His diagnoses include lumbar spine disc bulge, and lumbar spine radiculopathy. The patient remains totally temporarily disabled as of 8/26/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**functional capacity evaluation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation. Decision based on Non-MTUS Citation Official Disability Guidelines

**Decision rationale:** A review of the medical records indicates that this patient is still receiving treatments for his low back injury, and is still on temporary total disability. There is no medical

indication that he is closed, or at maximum medical improvement. Based on the guidelines cited, a functional capacity evaluation would be premature at this point, and, therefore, is not medically necessary.

**acupuncture once a week for four weeks:** Upheld

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

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

**Decision rationale:** A review of the medical records shows that this patient had received 41 acupuncture visits between 11/20/12 and 7/25/13. There was no documentation of significant improvement in activities of daily living, or of a reduction in work restrictions. Based on the guidelines cited, the request for acupuncture once a week for four weeks is not medically necessary.