

<b>Case Number:</b>	CM13-0017407		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	12/14/2011
<b>Decision Date:</b>	02/04/2014	<b>UR Denial Date:</b>	07/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2013

### 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 58-year-old female with the date of injury 12/14/2011. Progress reports from her primary treating physician [REDACTED] typically reports the patient complaining of chronic low back pain which radiates to both lower extremities, left greater than right. She consistently has a physical exam which shows decreased sensation to light touch at L5 and S1 dermatomes. There is EMG/NCV evidence of radiculopathy in the bilateral L5 and S1. Her diagnosis is lumbar sprain/strain with radicular complaints. The patient is permanent and stationary. In [REDACTED] note of 08/01/2013, the patient reported that she had had 4 sessions of acupuncture in May of 2013 and had had an excellent response. She reported decreased spasm and pain and also a reduction in the number of pain medications she had taken in that period.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 2 times a week for 4 weeks:** Overturned

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

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

**Decision rationale:** According to the MTUS in the above sided reference, "acupuncture treatments may be extended to functional improvement is documented as defined and dissection

9792.20". Documentation of improvement is found in [REDACTED] most recent progress report available to me at this time, 08/01/2013. I am reversing the previous utilization review decision and certifying acupuncture 2 times per week x4 weeks.