

<b>Case Number:</b>	CM13-0021811		
<b>Date Assigned:</b>	11/13/2013	<b>Date of Injury:</b>	07/03/2005
<b>Decision Date:</b>	01/23/2014	<b>UR Denial Date:</b>	08/27/2012
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified 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 72 year old female with a date of injury of 7/03/2005. The patient was diagnosed with cervical and lumbar arthritis, bulging disc and radiculopathy. Records indicate that the patient had 12 sessions of acupuncture for the cervical and lumbar spine. According to the 7/27/13 visit note, the patient complained of low back pain with increased symptoms in the lower extremities to the point of where she cannot walk. The patient also complained of neck pain. Physical exam revealed tenderness along the paraspinal muscles of the cervical and lumbar spine. There was an improvement in the cervical and lumbar range of motion and pain levels was noted to have decreased as well. The report also noted that the patient had improved sleep.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 acupuncture therapy sessions between 8/22/2013 and 10/21/13:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints, Acupuncture Treatment Guidelines.

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

**Decision rationale:** The Physician Reviewer's decision rationale: The guideline states that acupuncture 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. There was documented evidence of objective functional improvement based on the patient's low back pain and disability questionnaire 2/16/2013 and 4/9/2013. The patient was able to sit longer, sleep better, and stand longer, and walk further following a trial of acupuncture sessions. Therefore, the request for 12 acupuncture therapy sessions between 8/22/2013 and 10/21/2013 is medically necessary at this time.