

<b>Case Number:</b>	CM13-0022494		
<b>Date Assigned:</b>	06/09/2014	<b>Date of Injury:</b>	07/23/2006
<b>Decision Date:</b>	11/26/2014	<b>UR Denial Date:</b>	08/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/10/2013

### 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 Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 47-year-old female with an injury date of 07/23/06. Based on the 06/20/13 progress report provided by [REDACTED] the patient complains of low back pain rated 6-7/10. Physical examination of the lumbar spine revealed tenderness over the lumbar facet joints and paraspinal spasm. Range of motion was painful on extension. Patient is using creams and patches, and trying not to use medications except for Effexor daily. Progress report dated 05/16/13 states patient had six acupuncture visits. She reports 40-50 percent improvement. Her pain is rated 5/10 and her medications include Terocin cream, Neurontin and Ultram. Patient is permanent and stationary with ongoing medical care. Diagnosis 04/25/13- Pain limb- lumbosacral radiculopathy- plantar fascial fibromatosis [REDACTED] is requesting Ext acupuncture. The utilization review determination being challenged is dated 08/08/13. [REDACTED] is the requesting provider and she provided the transcript words from 01/08/13-06/20/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ext Acupuncture:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Division of Workers' Compensation, Title 8 regulations, Chapter 4.5, Subchapter 1, Article 5.5.2, 9792.24.1 (c)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter, Acupuncture

**Decision rationale:** The patient presents with low back pain rated 6-7/10. The request is for Extra Acupuncture. Her diagnosis dated 04/25/13 included limb pain, lumbosacral radiculopathy and plantar fascial fibromatosis. ODG-TWC Acupuncture Guidelines: "Initial trial of 3-4 visits over 2 weeks. With evidence of objective functional improvement, total of up to 8-12 visits over 4-6 weeks." Patient reports 40-50% improvement with acupuncture but the progress reports would indicate otherwise. Report from 05/16/13 has her pain at 5/10, and 6/20/13 report at 6-7/10. The patient's pain appears to have increased with acupuncture treatments. The reports indicate that the patient is trying to use less meds other than Effexor. Progress report dated 05/16/13 states patient had six acupuncture visits, but there is no evidence of functional improvement. Furthermore, the provider has asked for extra acupuncture, and has not specified the number of sessions. The request does not meet guideline criteria. Therefore, this request is not medically necessary. Furthermore, the treater has asked for extra acupuncture, and has not specified the number of sessions. The request does not meet guideline criteria. Recommendation is for denial.