

<b>Case Number:</b>	CM13-0023246		
<b>Date Assigned:</b>	11/15/2013	<b>Date of Injury:</b>	08/27/2012
<b>Decision Date:</b>	01/21/2014	<b>UR Denial Date:</b>	08/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/12/2013

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in Ohio and Texas. 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 52-year-old male who reported an injury on 08/27/2012. The patient's diagnosis includes status post L3-4 laminectomy/microdiscectomy. The patient's symptoms include low back pain. Objective findings in the clinical documentation are illegible.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 2 x 6 weeks to low back:** Upheld

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

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

**Decision rationale:** California MTUS Acupuncture Guidelines state that this treatment can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. This treatment is usually recommended as an option when pain medication is reduced or not tolerated and may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The guidelines recommend treatment 1 to 3 times per week for 1 to 2 months, but specify that functional improvement should be

produced within 3 to 6 treatments. Following the initial 3 to 6 visits, treatment may be extended if functional improvement is documented. The patient has documented low back pain; however, the request for acupuncture 2 times a week for 6 weeks exceeds the guideline recommendations for an initial 3 to 6 treatments, in order to produce a functional improvement, prior to further treatments. Therefore, the request is non-certified.