

<b>Case Number:</b>	CM13-0026569		
<b>Date Assigned:</b>	11/22/2013	<b>Date of Injury:</b>	07/27/2010
<b>Decision Date:</b>	02/05/2014	<b>UR Denial Date:</b>	08/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/19/2013

### 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 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 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 34-year-old male with a date of injury of 7/27/2010. According to the progress report dated 8/2/2013 the patient complained of continued pain across the lower back. The providers were recommending surgery. Significant findings include decreased sensation across the L5 distribution and positive straight leg raise at 70 degrees. Lasegue's test was positive. The patient was diagnosed with lumbar discogenic disease and lumbar radiculopathy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture times 12 sessions:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Division of Worker's Compensation, Chapter 4.

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

**Decision rationale:** The Acupuncture Medical Treatment Guidelines do recommend acupuncture for pain. It recommends a trial of 3-6 treatments over 1-2 months to produce functional improvement. It may be extended if functional improvement is documented. The patient experienced chronic pain and decreased sensation across the L5 distribution. Records indicate that the patient had prior acupuncture treatments with no documentation of functional

improvement. Based on the guidelines, the provider's request for additional 12 acupuncture sessions is not medically necessary at this time.