

<b>Case Number:</b>	CM13-0027172		
<b>Date Assigned:</b>	11/22/2013	<b>Date of Injury:</b>	12/17/2008
<b>Decision Date:</b>	01/24/2014	<b>UR Denial Date:</b>	09/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/20/2013

### 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 expert reviewer is a Licensed Chiropractor and Licensed 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 a 62 year old female with a date of injury of 12/17/2008. The patient has been treating for low back pain and right hip pain. According to the UR dated 9/06/2013, the provider's progress report dated 8/19/2013 noted minimal objective findings on physical examination. The patient is having increased pain and has been using her prescribed medications as well as TENS unit. According to the progress report dated 7/19/2013, the patient is hoping to receive electro-acupuncture. Her objective findings include decrease lumbar range of motion, motor strength 5/5 in the lower extremity, and positive straight leg raising test on the right. Her current diagnoses include lumbosacral disc injury, lumbosacral radiculopathy, and lumbosacral sprain/strain injury. Treatment plan consisted of Celebrex 200 mg 1 tablet at night as needed, Lidoderm patches 5%.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Sixteen (16) electro-acupuncture treatments for the lumbosacral spine, 2 times a week for 8 weeks as an outpatient:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

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

**Decision rationale:** According to the progress report dated 7/19/2013, the patient was complaining of low back pain and right hip pain. Objective findings were minimal. According to the submitted documents, the patient had a total of 14 acupuncture treatments to date. The patient continued to take Celebrex 200 mg 1 tablet at night as needed, Lidoderm patches 5%. The guidelines state that acupuncture treatments 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. Records indicated that the patient noted functional improvement and that she was taking less medication after acupuncture treatment. However, there was no documentation of the amount of medication that patient was using before and after acupuncture treatment. In addition there was lack of clinical improvement due to minimal information documented from the physical exam. Based on the above discussion, the provider's 16 electro-acupuncture treatments are not medically necessary.