

<b>Case Number:</b>	CM13-0027214		
<b>Date Assigned:</b>	11/22/2013	<b>Date of Injury:</b>	10/10/2009
<b>Decision Date:</b>	01/21/2014	<b>UR Denial Date:</b>	08/20/2013
<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 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:

Records indicate that the patient had prior acupuncture care. It was noted that the patient had completed 20 acupuncture visits this year. The guideline states that acupuncture may be extended if there is documentation of functional improvement. The provider failed to document objective functional improvement from acupuncture. Therefore, additional 12 acupuncture sessions to the lumbar spine is not necessary at this time.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 acupuncture sessions for the lumbar spine:** Upheld

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

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

**Decision rationale:** Records indicate that the patient had prior acupuncture care. It was noted that the patient had completed 20 acupuncture visits this year. The guideline states that acupuncture may be extended if there is documentation of functional improvement. The provider failed to document objective functional improvement from acupuncture. Therefore, additional 12 acupuncture sessions to the lumbar spine is not necessary at this time.