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| <b>Case Number:</b>   | CM13-0029762 |                              |            |
| <b>Date Assigned:</b> | 11/01/2013   | <b>Date of Injury:</b>       | 09/06/2002 |
| <b>Decision Date:</b> | 02/12/2014   | <b>UR Denial Date:</b>       | 09/19/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/25/2013 |

### 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:

Claimant is a female who was involved in a work related injury on 9/6/2002. Her primary diagnoses are degenerative disc disease, radiculopathy, and chronic pain syndrome. She has increased muscle spasms and low back pain. She cannot sit for more than one hour at a time. She has intermittent pain and tingling in the right leg. She has limited lumbar range of motion with sluggish deep tendon reflexes. The documentation says that she pays out of pocket for acupuncture. Prior treatment includes oral medications, home exercise program, TENS, and failed back surgeries. The physician states that acupuncture causes the back pain to be less intense. There were 6 acupuncture sessions certified on 9/19/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture sessions 1 x per week for 8 weeks 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:** According to evidenced based guidelines, further acupuncture visits after an initial trial are medically necessary based on documented functional improvement. "Functional improvement" means either a clinically significant improvement in activities of daily living or a

reduction in work restrictions. It is unclear how many prior visits were rendered and if an initial trial has been provided. Eight visits exceeds the amount for an initial trial. If this is not a request for an initial trial, the provider failed to document functional improvement associated with her prior acupuncture visits. Therefore eight acupuncture visits is not medically necessary.