

<b>Case Number:</b>	CM13-0034729		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	03/08/2012
<b>Decision Date:</b>	05/19/2014	<b>UR Denial Date:</b>	09/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Chiropractic Therapy and 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 expert 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 claimant is a 69 year old female who sustained a work related injury on 3/8/12. Prior treatment includes physical therapy, TENS, and oral medication. Diagnoses are lumbosacral disc injury, left S1 lumbar radiculopathy, left knee contusion injury, lumbosacral sprain/strain, postconcussion head injury. Per a PR-2 dated 9/26/2013, the claimant has pain and discomfort involving her low back and left leg. The claimant is temporarily disabled with work limitations. According to prior review, the claimant has had eight acupuncture sessions previously approved. However it is unclear whether the claimant has ever utilized those sessions. The provider appears to be requesting for eight visits as a initial trial.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ELECTRO ACUPUNCTURE FOR THE LUMBAR SPINE (2 TIMES PER WEEK FOR 4 WEEKS):** 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. There is no documentation of completion or of functional improvement from the authorized eight acupuncture visits. Therefore further acupuncture is not medically necessary. If this is a request for an initial trial, eight visits exceeds the recommended guidelines for an initial trial.