

<b>Case Number:</b>	CM13-0038172		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	01/29/2011
<b>Decision Date:</b>	02/13/2014	<b>UR Denial Date:</b>	09/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/27/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Licensed 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 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 patient is a 40-year-old male with a date of injury of 1/29/2011. According to the progress report dated 8/21/2013, the patient complained of low back pain. The patient rated the pain at around 6/10. Significant objective findings include limited lumbar extension to 15 degrees, muscles strength is within normal limits in the lower extremity, and straight leg raise was negative bilaterally except for the left axial and SI joint pain. The patient was diagnosed with degenerative disc disease.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oupatient additional four Acupuncture treatments 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:** The Expert Reviewer's decision rationale: The Acupuncture Treatment Guideline recommends acupuncture for pain. It states that acupuncture may be extended functional improvement is documented as defined in section 9792.20(f). According to UR dated 9/18/2013, it noted that the patient had completed 4 acupuncture visits. There was no objective functional improvement with acupuncture in the medical records provided. Based on the lack of

documentation of functional improvement from acupuncture care, the provider's request for 4 additional acupuncture sessions to the lumbar spine is not medically necessary at this time.