

<b>Case Number:</b>	CM13-0041750		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	11/27/2012
<b>Decision Date:</b>	02/18/2014	<b>UR Denial Date:</b>	10/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2013

### 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 Physical Medicine and Rehabilitation, Pain Management, has a subspecialty in Interventional Spine, 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 43 year old male with a date of injury of 11/27/2012. The listed diagnoses per [REDACTED] dated 12/10/2013 are: Lumbar spine sprain and strain Status post fracture of left fibula at ankle and distal tibia shaft. According to report dated 09/24/2013 by [REDACTED] the patient still has pain in the back. The report states the patient has had chiropractic treatment which helped reduce symptoms 10%. [REDACTED] recommends continuation of chiropractic treatment and initial Acupuncture two times a week for six weeks. No examination was performed, no list of diagnoses was given, no subjective or objective findings were reported, and no list of medications noted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 Initial Acupuncture treatments for the Lumbar Spine, 2 times a week for 6 weeks as an outpatient:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Acupuncture Page(s): 9.

**Decision rationale:** This patient presents with continued lower back pain. Utilization review dated 10/18/2013 denied request for Acupuncture x12 stating "the need for acupuncture is not substantiated". I would disagree with this statement. The patient's chronic pain is an indication for a trial of acupuncture per MTUS. Unfortunately, the Provider is requesting 12 sessions and MTUS recommends starting with 3-6 sessions, and then continuing if functional improvement is demonstrated. The review of the reports does not show that this patient has tried acupuncture in the past and would warrant a trial of 3-6 sessions. However, the current request for 12 sessions exceeds what is allowed by MTUS. MTUS guidelines under Acupuncture states, Frequency and duration of acupuncture or acupuncture with electrical stimulation may be performed as follows: Time to produce functional improvement: 3 to 6 treatments, frequency: 1 to 3 times per week with optimum duration of 1 to 2 months. Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20. The requested 12 sessions exceeds what is recommended by MTUS guidelines. Recommendation is for denial.