

<b>Case Number:</b>	CM13-0042091		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	11/02/2006
<b>Decision Date:</b>	02/25/2014	<b>UR Denial Date:</b>	10/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2013

### 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, 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 55-year-old female who reported an injury on 11/2/06. The mechanism of injury was a cumulative trauma. The patient was underwent prior acupuncture sessions in 2012. The patient had been provided an exercise program, medications and physical therapy, and the patient had improved symptoms; however, the symptoms persisted, and function remained limited. The patient had tenderness to the lumbar spine bilaterally. The patient's diagnoses included lumbar spine signs and symptoms in the facet joint and lumbar sprains/strains.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**six sessions of acupuncture:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The California MTUS Guidelines state that acupuncture is used as an option when pain medication is reduced or not tolerated, and it is recommended as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The time to produce functional improvement is 3-6 treatments and acupuncture treatments may be extended if functional improvement is documented, including either a clinically significant improvement

in activities of daily living or a reduction in work restrictions. The clinical documentation indicated the patient had prior acupuncture in 2012; however, there was a lack of documentation indicating how many sessions and the objective functional benefit that was gained. Additionally, there was a lack of documentation indicating what the patient's pain medication was, whether or not it was reduced or tolerated, and what physical rehabilitation the patient would be participating in, since acupuncture is recommended as an adjunct. Given the above and the lack of documentation of the body part for which the acupuncture would be provided, the request for 6 sessions of acupuncture is not medically necessary. As such, the request is non-certified.