

<b>Case Number:</b>	CM13-0043033		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	07/23/2012
<b>Decision Date:</b>	03/06/2014	<b>UR Denial Date:</b>	10/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/31/2013

### 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 expert reviewer is Board Certified in Chiropractic 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 injured worker is a 36 year old male who reported low back pain from injury sustained on 7/23/12. Patient was carrying a gurney up the stairs with help of 3 other people, other 3 people fell putting all of the weight on his side. Patient left immediate pain in the Low back. MRI dated 8/22/12 revealed multilevel degenerative disc disease, annular bulge 6mm at L4-L5 causing severe canal narrowing. ENG/NCV dated 6/13/13 revealed L5 radiculopathy. Patient was diagnosed with Degenerative disc disease, Lumbar radiculopathy. Patient was treated with medication, epidural injection surgery and Acupuncture. Patient had a micro laminectomy and discectomy Patient was seen for a total of 24 Acupuncture visits. Patient reported symptomatic improvement however there is lack of functional improvement. Per notes dated 11/13/13/ patient has had a total of 24 Acupuncture sessions which helped improve patient's symptoms. Patient hasn't had any long term functional relief with Acupuncture care. Patient continues to be symptomatic.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 Acupuncture Sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

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

**Decision rationale:** Acupuncture Medical treatment Guidelines Page 8-9. "Acupuncture is used as an option when pain medication is reduced and not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Guidelines apply for acupuncture and acupuncture with electrical stimulation". "Time to produce function improvement: 3-6 treatments. 2) Frequency:1-3 times per week. 3) Optimum duration:1-2 months. Acupuncture treatments may be extended if functional improvement is documented". Per notes dated 11/13/13 patient had 24 Acupuncture treatments from which he had symptomatic improvement; however there was lack of functional improvement. Per review of evidence and guidelines, 8 acupuncture treatments are not medically necessary.