

<b>Case Number:</b>	CM13-0046280		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	07/22/2002
<b>Decision Date:</b>	12/04/2014	<b>UR Denial Date:</b>	10/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2013

### 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 Family Medicine and is licensed to practice in New Jersey and New York. 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 75year-old female who was injured on 7/22/02 when she tripped and fell, injuring her left knee. She underwent left knee arthroscopy. The patient also fell in 2004 and injured her back. She had tender lumbar paraspinal muscles, tender sacroiliac joints, and decreased range of motion of her lumbar spine. A 4/2013 MRI of the lumbar spine showed compression fracture of L3, lumbar disc bulges, and mild spinal stenosis. She was diagnosed with chronic lower back pain, lumbar spondylosis, and compression fracture and underwent L3 kyphoplasty which did not help her symptoms. Her treatment also included 14 acupuncture sessions that resulted in 25% improvement in pain and an exercise program in the pool. Her medications included Butrans and Norco. The current request is for additional acupuncture.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SIX TO TEN SESSIONS OF ACUPUNCTURE FOR THE LOWER BACK:** Upheld

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

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

**Decision rationale:** The request for acupuncture is not medically necessary. According to the MTUS, a total of up to 8-12 visits over 4-6 weeks is allowed for acupuncture. According to the

chart, the patient had 18 sessions of acupuncture authorized, of which 14 sessions were attended. The patient had 25% improvement but there was no documentation of objective functional improvement. The patient has exceeded the maximum number of recommended sessions and has not shown much improvement. Therefore, the request for additional acupuncture is not medically necessary.