

<b>Case Number:</b>	CM13-0046870		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	12/22/2008
<b>Decision Date:</b>	03/24/2014	<b>UR Denial Date:</b>	10/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/01/2013

### 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 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 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 61-year-old male with a date of injury of 12/22/2008. According to the progress report dated 10/07/2013, the patient complained of chronic headache, neck pain, back pain, and foot pain. The low back pain was rated at 8-9/10 even with his medications. The pain radiates to the left lower extremity. Significant objective findings included decrease range of motion in the low back, decrease sensation in the left L5 and S1 dermatome, and positive straight leg raise. There was spasm and guarding noted in the lumbar spine. Lower extremity motor strength was 5/5. The patient's current medication consist of Nexium 40 mg capsule, Ondansetron-zofran 4mg #10, Nucynta ER 100 mg tablet; Pristiq Er 50 mg #30, Senokot-s 8.6-50 mg, Accupril 5 mg, Glucotrol 10 mg, Metformin HCL 850 mg tablet. The patient was diagnosed with syndrome postlaminectomy cer-S/P C5-C7 ACD 4/8/2010, sciatica, disorder sacrum, and neck pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Medicine Acupuncture Lumbar spine 3X4-3 times week for 4 weeks:** 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 recommend acupuncture for pain. The guidelines recommend a trial of 3 to 6 treatments with a frequency of 1 to 3 times a week over 1 to 2 months to produce functional improvement. Acupuncture treatment may be extended if functional improvement is documented as defined in section 9792.20(f). The provider stated that the patient had never received acupuncture treatment for this injury. A trial of 3 to 6 acupuncture treatment is appropriate at this time. According to the UR dated 10/9/2013, the patient was authorized 6 acupuncture sessions and it was noted that with documentation of objective functional improvement, additional acupuncture would be considered. There was no evidence of functional improvement from the 6 authorized acupuncture sessions; therefore the provider's request for acupuncture 3 times a week for 4 weeks is not medically necessary at this time.