

<b>Case Number:</b>	CM13-0051102		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	03/30/2013
<b>Decision Date:</b>	03/06/2014	<b>UR Denial Date:</b>	10/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2013

### 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 Oklahoma and Texas. 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 33-year-old who reported a work related injury on 03/30/2013 as a result of a fall. The clinical note dated 11/25/2013 reports the patient was seen in clinic under the care of [REDACTED]. The provider documents request for the patient to continue acupuncture 2 times a week times 6 weeks. The provider reported the patient presents with continued lumbar spine tenderness upon palpation, positive straight leg raise, and positive for spasms upon palpation of the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Six acupuncture visits for the lumbar sacral:** Upheld

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

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

**Decision rationale:** The clinical documentation submitted for review reports the patient continues to present with lumbar spine pain complaints status post a work related fall with injury sustained on 03/30/2013. The provider documents the patient was to continue utilization of acupuncture interventions. However, documentation of duration and frequency of this intervention for the patient's pain complaints were not evidenced. In addition, there was a lack

of documentation indicating efficacy of treatment with acupuncture interventions for the patient's lumbar spine pain complaints. The Acupuncture Medical Treatment Guidelines state the time to produce functional improvement is 3 to 6 treatments. The request for six acupuncture visits for the lumbar sacral area is not medically necessary or appropriate.