

<b>Case Number:</b>	CM13-0052091		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	08/13/2012
<b>Decision Date:</b>	03/12/2014	<b>UR Denial Date:</b>	10/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/15/2013

### 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 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 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 injured worker reported low back pain from injury sustained on 8/13/12. Per Doctor's first report "She was packing boxes to move when she began having low back pain with pain shooting down her leg into the calf. MRI dated 9/02/12 revealed 10 mm disc extrusion at L-S1, disc protrusion with mild central canal stenosis at L4-L5. She was diagnosed with Lumbar radiculopathy and Lumbosacral neuritis. Patient has been treated with physical therapy, chiropractic, Surgery (laminectomy with discectomy), medication and Acupuncture. Per notes dated 12/11/13 "Acupuncture helping, less pain". Per Acupuncture progress notes dated 12/16/13, she has decreased pain 3/10 from 4/10, able to do more activities around the house. Progress notes did not provide any documentation on functional improvement with prior Acupuncture care. Patient hasn't had any long term symptomatic or functional relief with Acupuncture care. Patient continues to have pain and flare-ups.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**outpatient acupuncture sessions 2 times a week for 3 weeks to the lumbar:** Upheld

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

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

**Decision rationale:** Per MTUS- Section 9792.24.1 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". "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". Patient has had prior Acupuncture treatment without any functional improvement. Additional visits may be extended with documented objective functional improvement. Per review of evidence and guidelines, Acupuncture 2X3 is not medically necessary.