

<b>Case Number:</b>	CM13-0053259		
<b>Date Assigned:</b>	04/25/2014	<b>Date of Injury:</b>	03/12/2008
<b>Decision Date:</b>	05/23/2014	<b>UR Denial Date:</b>	10/28/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine, 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 patient is a 57-year-old female with date of injury of 03/12/2008. The listed diagnoses per [REDACTED] dated 10/08/2013 are: 1. Hip impingement. 2. Sciatica. 3. Adjustment disorder with depressed mood. According to the report, the patient complains of back, hip and shoulder pain. Her pain radiates down the legs, left more than the right. The patient describes her pain as a "punching" in the lower back and cramping in the hips. She rates her pain 9/10 at its worst and 6/10 at its best, and on average about 7/10. The pain is constant lasting throughout the day. Associated symptoms include numbness and tingling in the back and down both legs, headaches, and fatigue. The physical examination shows there is a well-healed surgical scar in the lumbar region. There is no edema, no warmth, no erythema noted over the joints. There is acute tenderness to the lumbosacral region bilaterally. Lumbar range of motion is diminished due to pain. There is decreased sensation to light touch noted in the left leg. The Utilization Review denied the request on 10/28/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ACUPUNCTURE TIMES TWELVE FOR THE LEFT HIP AND LEFT LOWER BACK AREA:** Upheld

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

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

**Decision rationale:** This patient presents with chronic back and hip pain. The treater is requesting 12 acupuncture visits for the left hip and left lower back area. The MTUS Guidelines for acupuncture states that it is used as an option when pain medication is reduced or not tolerated and it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Furthermore, MTUS states that an initial trial of 3 to 6 visits is recommended. Treatments may be extended if functional improvement is documented. Records show that the patient does not have a history of acupuncture therapy. In this case, the patient may benefit from a trial of acupuncture for the patient's continued pain. However, the requested 12 visits exceeds the recommended initial trial by the MTUS Guidelines. Recommendation is for denial. The acupuncture times twelve for the left hip and left lower back area is not medically necessary and appropriate.