

<b>Case Number:</b>	CM13-0054461		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	01/09/2013
<b>Decision Date:</b>	03/18/2014	<b>UR Denial Date:</b>	10/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/19/2013

### 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 44-year-old male with a date of injury of 01/09/2013. According to the progress report dated 10/02/2013, the patient complained of constant moderate to severe pain in the lumbar spine. Pushing, pulling, squatting, prolonged sitting, and standing aggravated the pain. The patient reported radiating pain, spasms, weakness, and inflammation to the left leg. The left leg pain was moderate and constant. It was described as stiff and sore. Prolonged standing aggravated the pain. The pain radiated to the left toes. Significant objective findings include +2 spasm and tenderness to the bilateral lumbar paraspinal muscles from L2 to S1, multifidus, and left piriformis. The patient exhibited positive Kemp's bilaterally, straight leg raise test on the left, and Yeoman's on the left. There was a decreased sensation on the left to light touch along the L5 and S1 dermatome. The patient was diagnosed with lumbar disc displacement with myelopathy, lesion of sciatic nerve, and myofascitis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture x 6 visits for the lumbar spine:** Overturned

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

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

**Decision rationale:** The Acupuncture Medical Treatment Guideline states that Acupuncture treatments may be extended if functional improvement is documented as defined in section 9792.20(f) Functional improvement is defined as either a clinically significant improvement in activities of daily living or reduction in work restriction as measured during the history and physical exam and a reduction in dependency on continued medical treatment. The patient had prior acupuncture care. The provider noted that the patient had exhibited functional improvement since last examination by increased range of motion in lumbar flexion from 15 to 45 and improvement in activities of daily living with the ability to walk longer and able to sleep on his stomach. The patient exhibited improvement in his work restriction. According to the progress report dated 10/02/2013, the patient's work restriction included no lifting of greater than 20 pounds and no bending, stooping, or squatting. Per exam dated 9/9/2013, the patient's work restriction was no lifting over 10 pounds. Based on the documentation of functional improvement, the provider's request for additional 6 acupuncture sessions to the lumbar spine is medically necessary.