

<b>Case Number:</b>	CM13-0054955		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	07/21/2013
<b>Decision Date:</b>	06/03/2014	<b>UR Denial Date:</b>	10/28/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/20/2013

### 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 Family Practice 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 56 year old male whose date of injury is 07/21/2013. The patient was trying to clear a sewage stoppage when the snake shifted and the patient felt low back pain. The patient was seen and diagnosed with a lumbosacral sprain. The patient was authorized for 12 chiropractic sessions. Lumbar MRI dated 08/23/13 revealed multilevel degenerative disc disease with disc degeneration most notable at the L3-4 level; no evidence of stenosis. Consultation dated 12/16/13 indicates that chief complaint is persistent lower back discomfort. Current medication is reported as occasional use of anti-inflammatories. On physical examination lumbar range of motion is near full. There is tenderness with palpable trigger point with spasm overlying the right greater than left lower lumbar musculature. Straight leg raise is negative bilaterally. The patient was recommended to continue with modified duty work activities, he was provided with hot and cold packs, recommended for additional physical therapy with transition to a home exercise program, and was provided with a lumbar support.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ACUPUNCTURE FOR THE LUMBAR SPINE (12 SESSIONS):** Upheld

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

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

**Decision rationale:** The patient sustained a lumbar sprain injury and has responded positively to chiropractic treatment. The most recent office visit note submitted for review does not document a request for acupuncture. There are no specific, time-limited treatment goals provided. There is no clear rationale provided to support a course of acupuncture at this time. Therefore, the request cannot be found as medically necessary.