

<b>Case Number:</b>	CM13-0058315		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	11/08/2012
<b>Decision Date:</b>	03/18/2014	<b>UR Denial Date:</b>	11/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/26/2013

### 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 Chiropractic Care 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 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 claimant is a 49 year old male who sustained a work related injury on 11/8/2012. He has constant pain in the low back. It is worse with movement and radiates the left leg and left great toe with pain, weakness, numbness and tingling. He also has pain in his middle back, trunk, pelvis, groin and testicles. His diagnoses are lumbago, lumbar sprain/strain, and lumbar radiculopathy. Prior treatment includes physical therapy, injections, and oral medications. No prior acupuncture was documented. The current request is for 12 sessions of acupuncture to help reduce pain, increase mobility, and increase ability to participate in aquatic therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**request for acupuncture twice a week for six weeks for the lumbar spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation California Medical Treatment Utilization Schedule, Low Back Complaints and Acupuncture Medical Treatment Guidelines.

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

**Decision rationale:** According to evidenced based guidelines, an initial trial of acupuncture consists of six visits. A request for twelve visits exceeds the recommended number and therefore is not medically necessary. If objective functional improvement is demonstrated, further visits

may be certified after the trial. "Functional improvement" means either a clinically significant improvement in activities of daily living or a reduction in work restrictions. It is recommended that the provider request an initial amount within the guidelines.