

<b>Case Number:</b>	CM13-0066081		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	08/09/2010
<b>Decision Date:</b>	04/15/2014	<b>UR Denial Date:</b>	12/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/15/2013

### 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 a Licensed 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 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 42-year-old male with a date of injury of 8/9/2010. According to the progress report dated 11/21/2013, the patient complained of back pain. The pain has not changed since his last visit. On average his pain level was rated at 3-5/10 and within 45 minutes of taking medications, his pain improved for 8-10 hours. His pain was aggravated with bending, twisting, lifting, and sitting. His activities of daily living include light cleaning and showering. Significant objective findings include normal gait with bilateral weight bearing and equal stride length. The iliac crests are level when standing. Physical exam dated 11/1/2013 revealed muscle strength 3/5 in the left psoas and TFL musculature. Deep tendon reflexes in the Achilles were +1 bilaterally. There was decrease range of motion in the cervical, thoracic, and lumbar spine. Right straight leg raise, right Kemp's test, and sacroiliac compression test and were positive. Ely's and Braggard's were negative. The patient was diagnosed with chronic low back pain, radicular symptoms right anterior thigh and right ankle, mild disc desiccation and thoracic spine, thoracic spine sprain, minimal disc bulge in lumbar spine at L3-L4 and L4-L5, and chronic compensatory muscle spasms.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ACUPUNCTURE TWICE A WEEK FOR SIX WEEKS:** Upheld

**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 Guidelines states that acupuncture may be extended if functional improvement is documented. The patient received 14 acupuncture sessions to date. The provider stated that the patient has benefited from acupuncture in the past and the treatment should be available to him. However, there was no documentation of functional improvement with acupuncture care in the submitted documents. Based on the lack of documentation of functional improvement, the provider's request for additional acupuncture 2 times a week for 6 weeks is not medically necessary and appropriate.