

<b>Case Number:</b>	CM13-0070068		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	10/04/2002
<b>Decision Date:</b>	07/18/2014	<b>UR Denial Date:</b>	11/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/20/2013

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 injured worker is 48-year-old female with a reported date of injury on 10/04/2002. The mechanism of injury was not submitted within the medical records. Her diagnoses were noted to include lumbar spine with disc pathology and multiple internal complaints. Her previous treatments were noted to include acupuncture, medications, and a TENS Unit. The progress report dated 10/16/2013 reported the injured worker complained of low back pain, constant, sharp, stabbing symptoms with localization of spasms, weakness and pain which increased with activities, and multiple internal complaints. The physical examination did show the injured worker had difficulty standing from sitting, turning on the table during examination, and sitting up from the supine position. The thoracolumbar spine evaluation reported bilateral positive to L5-S1 paravertebral muscle spasms and spinous process tenderness. The physical examination showed a decreased range of motion to the lumbar spine, flexion was 50 degrees, extension 20 degrees, bilateral lateral flexion was to 20 degrees, bilateral rotation was to 20 degrees, and positive straight leg raise bilaterally. The provider reported diminished deep tendon reflexes at the Achilles. The sensory evaluation showed within normal limits except for the bilateral posterior leg and thigh. The Request for Authorization form was not submitted within the medical records. The request is for acupuncture 1 time per week times 4 weeks to the back, and the provider's rationale was not submitted within the medical records.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ACUPUNCTURE ONE (1) TIME PER WEEK TIMES FOUR (4) WEEKS BACK:** Upheld

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

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

**Decision rationale:** The request for acupuncture one time per week times 4 weeks to the back is not medically necessary. The injured worker has received previous acupuncture therapy. According to Acupuncture Medical Treatment Guidelines, it is used as an option when pain medication is reduced or not tolerated and it may be used as an adjunct if physical rehabilitation and/or surgical intervention to hasten functional recovery. The guidelines also state the time to reduce functional improvement is 3 to 6 treatments. The documentation provided reported a previous 8 sessions of acupuncture; however, it also states the insurance company reported 18 sessions of acupuncture. It is unclear how many sessions of acupuncture were completed at this time. There is not enough documentation regarding efficacy of the acupuncture other than it seemed to help. However, the acupuncture guidelines recommend three to 6 treatments and the requested 4 sessions will exceed the recommended guidelines. As such, due to not having enough documentation regarding efficacy and current and past number of sessions completed, it is unknown if acupuncture is appropriate at this time. Therefore, the request is not medically necessary.