

<b>Case Number:</b>	CM13-0071207		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	07/03/2012
<b>Decision Date:</b>	04/21/2014	<b>UR Denial Date:</b>	11/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/26/2013

### 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 Family Medicine, and is licensed to practice in Arizona. 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 33-year-old male with a date of injury on 7/03/2012. His diagnoses include sacroiliitis, lumbar myofascial pain, lumbar facet arthropathy, and status post hernia surgery on 4/2013. Subjective complaints are of lumbosacral back pain with pain in the right extremity, with possible pain flare from lumbar facet injection. Physical exam shows intact injection site with negative facet loading tests. Treatments have included medication, physical therapy, acupuncture, facet joint injection, and work restrictions. Ongoing treatment plan is to include lidocaine ointment and acupuncture. Previously, on 3/12/13, there was authorization for six acupuncture visits for the lumbar spine. Documentation of acupuncture visits does not provide objective evidence for ongoing functional improvement. Physician documentation does not identify any subjective or objective evidence of improvement with these 6 acupuncture visits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar acupuncture RFA QTY 12:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Acupuncture Treatment Guidelines.

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

**Decision rationale:** CA acupuncture guidelines recommend the option of a trial of 3-6 acupuncture visits for painful conditions with additional visits based on objective documentation of functional improvement. For this patient, 6 sessions were performed without subsequent documentation of functional improvement. Therefore, the medical necessity of 12 additional acupuncture sessions is not established.