

<b>Case Number:</b>	CM13-0071910		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	07/15/2007
<b>Decision Date:</b>	05/29/2014	<b>UR Denial Date:</b>	12/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2013

### 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 licensed in Chiropractic 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 injured worker is a 53 year old female who reported low back pain from an injury sustained on 7/15/07 while bending and lifting. She was diagnosed with lumbosacral neuritis, lumbago, and lumbosacral disc degeneration. The patient has been treated with anterior lumbar interbody fusion in 2010 and medication. Per the notes dated 12/3/13, she has progressively worsening low back and bilateral leg pain. She describes a profound numbness across her low back and pain shoots into both legs at times. She has been recommended for surgical consultation. She has some guarding with decreased lumbar range of motion. There is tenderness in the lumbar paraspinals and iliolumbar region. She is to use her current medication as directed. She continues to have pain and flare-ups.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **OUTPATIENT ACUPUNCTURE FOR THE UPPER AND LOW BACK TEN (10) SESSIONS:** Upheld

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

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

**Decision rationale:** Acupuncture may be used as an option when pain medication is reduced and not tolerated. It may also be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The time to produce function improvement is 3-6 treatments; with documentation of functional improvement, treatment may be extended. The patient hasn't had prior acupuncture treatment. According to the guidelines, then, her initial treatment should be limited to 3-6 visits to determine whether or not functional improvement can be attained. The request for ten sessions exceeds guideline recommendations. As such, the request is not medically necessary.