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| <b>Case Number:</b>   | CM13-0072650 |                              |            |
| <b>Date Assigned:</b> | 01/08/2014   | <b>Date of Injury:</b>       | 03/16/2012 |
| <b>Decision Date:</b> | 06/05/2014   | <b>UR Denial Date:</b>       | 12/24/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/31/2013 |

### 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 Acupuncture and is licensed to practice in New York. 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 applicant is a represented female, employed by [REDACTED] who has filed a claim for an industrial injury causing chronic back pain radiating to the Hip. Since this incident, the applicant has received X-rays, MRI's of her cervical and lumbosacral spine, multiple lidocaine injections , chiropractic care, physical therapy, electric stimulation, aquatic therapy, pain and antiinflammatory medication, EMG/NCV studies, topical analgesic, and home exercises.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **SIX ACUPUNCTURE SESSIONS FOR THE LOW BACK/HIPS: Upheld**

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

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

**Decision rationale:** It is unclear the applicant has had prior acupuncture sessions, but nevertheless, documentation is not provided of measurable goals in functional improvement with the applicants daily activities, of involvement in an active physical rehabilitation program or involvement in a program to reduce her pain medication at the time this request was submitted. Therefore, as noted in MTUS 9792.24.1. acupuncture therapy is not medically necessary for this applicant.

