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| <b>Case Number:</b>   | CM14-0001711 |                              |            |
| <b>Date Assigned:</b> | 01/22/2014   | <b>Date of Injury:</b>       | 09/20/2012 |
| <b>Decision Date:</b> | 06/19/2014   | <b>UR Denial Date:</b>       | 12/26/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 01/06/2014 |

### 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 male employee who has filed an industrial claim for lumbar spine injury causing pain radiating to lower extremities. The most recent report by the treating physician, dated 11/20/13 reveals the claimant suffers with constant low back pain with worse pain radiating down the left leg with severe numbness and tingling. The injury occurred on 9/20/12. The claimant to date is totally temporary disabled including work restrictions. Treatment to date include, prior acupuncture sessions, chiropractic and physical therapy, home tens unit and hot/cold packs. Diagnostically, he obtained a MRI of lumbar spine in April 2013, revealing multiple disc protrusions and stenosis. EMG/NCS studies revealed normal results. The applicant takes anti-depressants, pain and anti-inflammatory medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **OUTPATIENT ACUPUNCTURE TWO (2) TIMES WEEK FOR SIX (6) WEEKS:**

Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACUPUNCTURE MEDICAL TREATMENT GUIDELINES, ,

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

**Decision rationale:** The applicant received acupuncture care prior to date based on these guidelines, however the frequency and duration of such visits is not evident. The treating physician on 11/20/13 did state under treatment requirements that he may continue with acupuncture two times per week for six weeks. Medical necessity for any further acupuncture treatments is assessed in light of functional improvement. After reviewing the provided medical records it is evident that the treating physician neglected to document clinically significant improvement in the applicant's daily living or a lift in work restrictions. To note, on 7/11/13 the Permanent and Stationary evaluation report indicated the applicant's work status was at full duty compared to the treating physician's report dated 11/20/13, indicating a work status of Totally Temporary Disability and included restrictions. Therefore, these additional twelve sessions of acupuncture therapy is not medically necessary based on the lack of functional improvement, as defined by MTUS.