

<b>Case Number:</b>	CM14-0003912		
<b>Date Assigned:</b>	01/31/2014	<b>Date of Injury:</b>	03/30/2013
<b>Decision Date:</b>	06/20/2014	<b>UR Denial Date:</b>	12/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2014

### 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, has a subspecialty in Addiction Detoxification, 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 female employee who has filed a claim for lumbar spine pain due to an injury that occurred while cleaning the kitchen area. She felt a painful pulling sensation in her lower back with severe pain. Her date of injury occurred on 3/30/13. She first sought treatment with her orthopedist on 6/24/13 stating her pain in the lower back is constant and varies between dull and achy to sharp and shooting in quality. Since then the applicant's treatments consisted of the following: orthopedist, physical therapy, pain, anti-inflammatory, and compounded ointment medication, electromyography/nerve conduction velocity (EMG/NCV) electro-diagnostic studies on 7/9/13, MRI of her spine on 7/5/13 noting mild to moderate degenerative disc disease, home tens unit and six (6) prior acupuncture treatments. As of 12/04/13, her doctor requested authorization for twelve (12) additional acupuncture sessions necessary to continue treating her lower back. It is noted, "If acupuncture does not help, perhaps steroid injection is necessary." In the utilization review report, dated 12/12/13, the UR determination was unable to approve twelve sessions of additional acupuncture care. The MTUS Acupuncture guidelines noted time to produce functional improvement is 3 to 6 treatments. Acupuncture may be extended if functional improvement is documented. The author goes on to state the documentation is limited and does not provide evidence of functional improvement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TWELVE (12) ADDITIONAL SESSIONS OF ACUPUNCTURE, 2 TIMES A WEEK FOR 6 WEEKS, TO THE LUMBAR SPINE: Upheld**

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

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

**Decision rationale:** According to the medical records, the applicant received six (6) acupuncture treatments prior to date of the request for an additional twelve (12) sessions. The Acupuncture Guidelines recommends 3-6 treatments to produce functional improvement with the frequency of 1-3 times per week for an optimum duration of 1-2 months, and can be extended if functional improvement is documented. The medical records have limited documentation of the applicant's response to acupuncture and the medical records are lacking evidence of functional improvement. Therefore, this request for acupuncture is not medically necessary.