

<b>Case Number:</b>	CM14-0005757		
<b>Date Assigned:</b>	02/05/2014	<b>Date of Injury:</b>	03/26/2013
<b>Decision Date:</b>	06/11/2014	<b>UR Denial Date:</b>	12/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/15/2014

### 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 employed as a laminator for [REDACTED] who filed a claim for a cumulative traumatic industrial injury involving continuously lifting items up to sixty-five pounds causing middle and lower back pain, radiating down her right leg with numbness, tingling and intermittent cramping. Pain in the middle back radiates to her ribcage too. Since the incident on 3/28/13, she had MRI's and X-rays obtained; received physical therapy, acupuncture, electro-diagnostic studies, and utilizes pain and anti - inflammatory medications. At the date of the determination, 12/24/13, the claim administrator denied the request for additional eight sessions of acupuncture stating after review of all medical records and previous acupuncture sessions, there is no evidence of objective functional improvement including significant improvement in daily activities and her medication has remained the same; no reduction presented.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ADDITIONAL ACUPUNCTURE 2 TIMES A WEEK FOR 4 WEEKS:** Upheld

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

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

**Decision rationale:** The applicant received acupuncture care prior to the administrators decision and no objective functional improvement including significant improvement in daily activities is presented or documented, therefore, the additional acupuncture sessions are not medically necessary as per the MTUS, section 9792.24.1 guidelines.