

<b>Case Number:</b>	CM14-0006535		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	08/18/2010
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	01/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/16/2014

### 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 a claim for lumbar spine pain radiating to his left buttock and to his lower leg associated with numbness and tingling. Reported on the most recent treating physician progress notes, dated 1/03/14, the applicant's most recent complaints consist of an increase in pain that occurs daily affecting his work and activities of daily living. The doctor reports several times his left leg collapse from under him. The mechanism of the incident is repetitive in nature, having to lift heavy non-ambulatory animals at his job. His date of injury occurred on 8/18/10. Since then, the applicant's treatments consisted of the following: thirteen acupuncture sessions, physical therapy, pain and anti-inflammatory medication, and epidural steroid injections. Diagnostically, he obtained an MRI of the lumbar spine, positive for multiple disc protrusions and degeneration and had electro-diagnostic testing too. As of 1/03/14, his doctor requested authorization for eight additional acupuncture sessions to relieve the applicant's pain and improve his functioning. She further comments the previous sessions of acupuncture helped the applicant increase his work hours and increase his daily living activities. In the utilization review report, dated 1/10/14, the UR determination was unable to approve eight sessions of acupuncture care stating current evidence based guidelines note the optimum duration of treatment to 1-2 months and there is not a clear rationale provided to support exceeding this recommendation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ACUPUNCTURE (2) TIMES PER WEEK FOR (4) WEEKS FOR 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:** Back in October, 2013, the applicant completed 13 sessions of acupuncture resulting in the ability to work more hours per week and increase his daily living activities (hiking 2-3 times per week). However, based on MTUS, acupuncture medical guidelines, section 9792.24.1 acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The treating physician indicates the applicant should continue doing light exercises at home, but does not indicate if the applicant is involved in a physical rehabilitation program to aid with functional recovery. Additionally, MTUS recommends an 3-6 sessions of acupuncture to produce functional improvement. This request of eight sessions exceeds this recommendation and therefore, is not medically necessary.