

<b>Case Number:</b>	CM14-0012393		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	12/11/2009
<b>Decision Date:</b>	06/26/2014	<b>UR Denial Date:</b>	01/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/30/2014

### 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 Board Certified in Chiropractic has a subspecialty in Acupuncture and is licensed to practice in California. 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 patient reported a date of injury of 12/11/2009. According to the progress report dated 11/12/2013, the patient complained of lumbar spine pain 5/10, right hip pain 5/10, and bilateral groin pain 6/10. The patient noted that the pain increases with prolonged activities. Pain increases with carrying or lifting heavy objects. No significant objective findings noted. The patient was diagnosed with lumbar spine pain, right hip pain, and bilateral groin pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ACUPUNCTURE TWO TIMES A WEEK FOR FOUR WEEKS:** Upheld

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

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

**Decision rationale:** The acupuncture guidelines states that acupuncture may be extended if there is documentation of functional improvement. Records indicate that the patient had prior acupuncture care. The amount of acupuncture sessions received remained unknown. According to the progress report dated 2/25/2013, the provider stated that there was temporary relief with acupuncture. However, there was no documentation of functional improvement from prior

acupuncture care. Therefore, the request for acupuncture 2 times a week for 4 weeks is not medically necessary.