

<b>Case Number:</b>	CM14-0017134		
<b>Date Assigned:</b>	04/14/2014	<b>Date of Injury:</b>	04/16/2012
<b>Decision Date:</b>	06/02/2014	<b>UR Denial Date:</b>	01/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/11/2014

### 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 and 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 injured worker is a 22 year old female who reported bilateral wrist and low back pain from injury sustained on 4/16/12. EMG was unremarkable. An MRI of the lumbar spine revealed L4-5 disc bulge, L4-5 disc desiccation, and straightening of lumbar lordosis. The patient has been diagnosed with L4-5 disc protrusion, lumbar disc desiccation, and low back pain. She has been treated with medication, epidural injections, and physical therapy. The primary treating physician is recommending a course of 18 acupuncture sessions. Per a noted dated 12/31/13, the patient complained of low back pain which has been worsening, increased muscle spasm, and decreased range of motion. Per notes dated 01/10/14, she complained of upper back and low back pain; the pain is rated at 7/10 and keeps her from doing numerous activities. She hasn't had any long term symptomatic or functional relief with care, and continues to have pain and flare-ups.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ACUPUNCTURE 3 TIMES A WEEK FOR 6 WEEKS FOR THE LOW BACK:** Upheld

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

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

**Decision rationale:** Acupuncture may be used as an option when pain medication is reduced or not tolerated. It may also be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The time to produce function improvement is 3-6 treatments, but treatments may be extended if functional improvement is documented. The patient hasn't had prior acupuncture treatment, so she should begin with a trial of 3-6 treatments; 18 visits exceed this recommendation. Furthermore, there is no documentation of medication being reduced or not tolerated. As such, the request is not medically necessary.