

<b>Case Number:</b>	CM14-0017835		
<b>Date Assigned:</b>	04/16/2014	<b>Date of Injury:</b>	05/02/2013
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	02/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/12/2014

### 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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 44 year old male with a reported date of injury on 05/02/2013. Mechanism of injury was listed as the injured worker trying to lift a heavy door on a truck. The injured worker complained of constant lower back pain and with intermittent right lower extremity radiculopathy symptoms. The injured worker's treatment history included acupunctuure therapy, physical therapy and injection of Xylocaine with 2 cc of 60 mg of Toradol into the right gluteus medius region and trigger point injections. The injured worker's diagnoses included lumbosacral strain/arthrosis and probable abdominal and left inguinal hernias. The injured worker was evaluated on 01/07/2014. Physical findings included tenderness to palpation of the thoraci and lumbar spine and left paraspinal musculature with normal motor strenght of the bilateral lower extremities. The injured worker's treatment plan included continued acupuncture, physical therapy, a toradol injection, a trigger point injection and an MRI of the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **ACUPUNCTURE FOR THE LUMBAR SPINE, #6: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACUPUNCTURE, ,

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

**Decision rationale:** The MTUS Acupuncture Medical Treatment Guidelines recommends that continued acupuncture treatments be based on documentation of significant functional benefit. The clinical documentation submitted for review does not provide any evidence of significant functional benefit resulting from prior acupuncture treatments. There is no documentation that the injured worker has been able to reduce medication usage due to previous acupuncture treatments. Therefore, continuation of this treatment modality is not supported. The request is not medically necessary and appropriate.