

<b>Case Number:</b>	CM14-0019352		
<b>Date Assigned:</b>	04/21/2014	<b>Date of Injury:</b>	08/08/2001
<b>Decision Date:</b>	07/02/2014	<b>UR Denial Date:</b>	02/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/14/2014

### 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 is a 50 year old female with a date of injury of 8/8/01. According to the progress report dated 2/14/14, the patient complained of neck and low back pain with radiation into the lower extremities, right shoulder pain, and bilateral hip pain. The pain was aggravated by activity and walking. The pain was rated at 8-9/10 without medication, and it decreased to 4/10 with medication. Significant objective findings included 18/18 fibro tender points, restricted lumbar range of motion, and no changes in sensory exam since previous visit. The patient was diagnosed with cervical radiculitis, lumbar radiculitis, left hip pain, anxiety, depression, atypical chest pain, recurrent UTI, and recurrent panic attacks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 ACUPUNCTURE SESSIONS (2 X 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:** The Acupuncture Medical Treatment Guidelines recommend acupuncture for chronic pain. Guidelines state that acupuncture may be extended if there is documentation of

functional improvement. Records indicate that the provider has requested acupuncture sessions in reports dated 5/3/13, 9/4/13, 11/27/13, and 1/17/14. The patient noted that acupuncture was helpful in the progress report dated 8/30/13; however, there was no documentation of functional improvement from prior acupuncture sessions. In addition, there was no documentation of the total number of acupuncture sessions provided to the patient. Due to the lack of documentation of functional improvement with acupuncture, an additional 8 acupuncture treatments are not medically necessary.