

<b>Case Number:</b>	CM14-0152859		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	11/04/2011
<b>Decision Date:</b>	12/02/2014	<b>UR Denial Date:</b>	08/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2014

### 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 Florida. 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 male who sustained an industrial injury on 11/4/11. The patient stated that he had tripped and fallen while running towards a vehicle after escorting students back to school. The documentation indicates the patient re-injured himself on 2/28/13 while attempting to break up an altercation. His diagnosis is: Lumbar discogenic disease at L4-S1, Lumbar facet disease, cervical pain, left knee internal derangement and two meniscal tears. He is on the following medication: Amitriptyline, Gabapentin, Naproxen, Omeprazole, Cyclobenzaprine and Tramadol. He has received 8 chiropractic treatments, PT and 6 acupuncture treatments. The documentation requests acupuncture 2 times a week for 6 weeks for the low back. The clinical information provided establishes the medical necessity for acupuncture treatments for the lumbar spine.

### 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 six weeks for the lower back:** Overturned

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

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

**Decision rationale:** As per CA MTUS Acupuncture Medical Treatment Guidelines (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 expedite functional recovery. Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20 CA MTUS Acupuncture Guidelines requires clinical evidence of functional improvement for additional care to be considered. The current documentation does provide information that the patient received benefit from the previous acupuncture sessions, and the objective findings from the provider are known. The clinical information provided establishes the medical necessity for additional acupuncture sessions. The treating physician indicates that the patient had improved activities of daily living and a longer duration of standing after the first 4 acupuncture treatments. The medical necessity for the requested acupuncture sessions has been established. Therefore, the requested acupuncture treatments; 2 times a week over a 6-week period of time, for the lumbar spine would be medically necessary.