

<b>Case Number:</b>	CM14-0154209		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	01/17/2014
<b>Decision Date:</b>	11/19/2014	<b>UR Denial Date:</b>	08/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2014

### 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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for low back pain reportedly associated with an industrial injury of January 17, 2014. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; unspecified amounts of manipulative therapy; a lumbar support; and unspecified amounts of acupuncture over the course of the claim. In a Utilization Review Report dated August 18, 2014, the claims administrator denied a request for six sessions of acupuncture. The applicant's attorney subsequently appealed. In a handwritten progress note dated June 4, 2014, the applicant was asked to employ acupuncture. The applicant was given a 25-pound lifting limitation. The applicant was also given a TENS unit-EMS unit and asked to employ a lumbar support. The note was quite difficult to follow and comprised largely of preprinted checkboxes, with little to no narrative commentary. In a May 9, 2014 progress note, the applicant was placed off of work, on total temporary disability. Acupuncture and chiropractic manipulative therapy were performed. On earlier progress notes of March 19, 2014 and April 14, 2014, the applicant was again placed off of work, on total temporary disability. In a Doctor's First Report dated March 4, 2014, somewhat difficult to follow, blurred as a result of repetitive photocopying, the applicant was asked to obtain an MRI of the lumbar spine, eight sessions of acupuncture, chiropractic manipulative therapy, ultrasound therapy, electrical stimulation, and infra red therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture treatment 1 x weeks for 6 weeks for the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation CA code of regulations, Title 8, Acupuncture

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

**Decision rationale:** The request in question does represent a renewal request for acupuncture. As noted in MTUS, acupuncture treatments may be extended if there is evidence of functional improvement as defined in Section 9792.20f. In this case, however, the applicant is seemingly off of work. The applicant remains highly reliant and highly dependent on various passive modality-type treatments, including chiropractic manipulative therapy, infra-red therapy, ultrasound therapy, electrical stimulation, etc. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS, despite earlier extensive acupuncture at various points over the course of the claim, including extensive acupuncture in 2014 alone. Therefore, the request for additional acupuncture is not medically necessary.