

<b>Case Number:</b>	CM14-0026213		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	08/15/2013
<b>Decision Date:</b>	07/17/2014	<b>UR Denial Date:</b>	01/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/28/2014

### 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 and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 48-year-old female whose date of injury is 08/15/2013. The mechanism of injury is described as helping a patient falling off a bed. Evaluation dated 04/23/14 indicates that she complains of mid to low back pain with radiation to the left leg. On physical examination gait is non-antalgic. Lumbar range of motion is limited. Diagnoses are thoracic spine sprain/strain, lumbar spine sprain/strain, and thoracolumbar radiculopathy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ACUPUNCTURE 12 (2 XWEEK X 6 WEEKS): Upheld**

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

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

**Decision rationale:** There is insufficient clinical information provided to support this request. There is no comprehensive assessment of recent active treatment completed to date or the injured worker's response thereto submitted for review. There are no specific, time-limited treatment goals provided. The request is not medically necessary and appropriate.