

<b>Case Number:</b>	CM14-0026404		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	10/25/2010
<b>Decision Date:</b>	07/16/2014	<b>UR Denial Date:</b>	02/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2014

### 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 Orthopaedic Surgery and is licensed to practice in Mississippi. 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 53-year-old female was reportedly injured on October 25, 2010. The mechanism of injury was reported to be slipping on a wet ramp. The most recent progress note, dated January 28, 2014 indicates that there are ongoing complaints of low back pain. It was stated that Norco has not been effective in treating the injured employee's pain and there was a change to Tramadol. A request had been made for acupuncture and was modified in the pre-authorization process on February 14, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ACUPUNCTURE 1X12 LUMBAR:** Upheld

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

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

**Decision rationale:** The California Acupuncture Medical Treatment Guidelines states that acupuncture is used as an option when pain medication is reduced or not tolerated and it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The information in the attached medical record is sparse and only mentions a transition from Norco to tramadol. There is also no mention of any other previous treatment that was

rendered previously or is being currently provided for the lumbar spine. Therefore it is difficult to justify additional treatment with acupuncture. This request for acupuncture is not medically necessary.