

<b>Case Number:</b>	CM14-0036650		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	09/17/2010
<b>Decision Date:</b>	08/18/2014	<b>UR Denial Date:</b>	02/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/26/2014

### 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 Orthopedic Surgery 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 records presented for review indicate that this 56-year-old female was reportedly injured on September 17, 2010. The mechanism of injury is not listed in the records reviewed. The most recent progress note, dated April 21, 2014, indicates that there are ongoing complaints of low back pain and a flare up of symptoms. The injured employee was stated to be scheduled to have the first session of physical therapy. The physical examination demonstrated an antalgic gait with stiffness. There was a diagnosis of status post right policies longus laceration repair and lumbar spine secondary to retrolisthesis. Diagnostic imaging studies were not commented on. A request had been made for acupuncture for the lumbar spine and was not certified in the pre-authorization process on February 27, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture to lumbar spine 2 times 3:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26, MTUS (Effective July 18, 2009) Page(s): 13 of 127.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines support acupuncture as an option when pain medication is reduced or not tolerated or as an adjunct to physical rehabilitation to hasten functional recovery. When noting the claimant's diagnosis, date of injury, clinical presentation, and the lack of documentation of conservative treatments, and that they have not yet started physical therapy there is insufficient clinical data provided to support additional acupuncture; therefore, this request for acupuncture is not medically necessary.