

<b>Case Number:</b>	CM14-0045969		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	05/14/2013
<b>Decision Date:</b>	08/01/2014	<b>UR Denial Date:</b>	04/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2014

### 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 Chiropractic and Acupuncture 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 injured worker is a 35 year old male who reported upper back and low back pain from injury sustained on 05/14/13 due to a slip and fall. Patient is diagnosed with thoracic spine sprain/strain; lumbosacral sprain/strain and back contusion. MRI of the thoracic spine revealed minimal endplate spurs most prominent at T11-12. MRI of the lumbar spine revealed paracentral bulge at L5-S1; moderate endplate stenosis and mild bilateral L4-5 facet capsulitis. Electrodiagnostic study revealed left sided L5 radiculopathy. Patient has been treated with medication, therapy and chiropractic. Per medical notes dated 03/27/14, patient complains of intermittent, sharp, dull, aching pain over the thoracic spine and lumbar spine region. Pain is rated at 6/10. Patient also complains of weakness in his legs. Pain is increased with prolonged standing, walking and repetitive bending. Currently, he is not taking pain medication. Primary physician is requesting 6 sessions of initial course of acupuncture concurrently with physical therapy. Requested visits are within guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture:** Overturned

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

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

**Decision rationale:** Per MTUS- Section 9792.24.1 Acupuncture Medical treatment Guidelines Page 8-9. "Acupuncture is used as an option when pain medication is reduced and not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery". "Time to produce function improvement: 3-6 treatments. 2) Frequency: 1-3 times per week. 3) Optimum duration: 1-2 months. Acupuncture treatments may be extended if functional improvement is documented". Patient hasn't had prior Acupuncture treatment. Primary physician is requesting 6 acupuncture treatments concurrently with physical therapy which are within guidelines. Patient is not taking any pain medication. Per guidelines and review of evidence, 6 Acupuncture visits are medically necessary.