

<b>Case Number:</b>	CM14-0089075		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	02/22/2006
<b>Decision Date:</b>	09/08/2014	<b>UR Denial Date:</b>	06/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/13/2014

### 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 licensed in Chiropractic, has a subspecialty in 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 patient is a 66-year-old female with a date of injury of 2/22/2006. According to the progress report dated 7/10/2014, the patient complained of mid back, low back, and right leg pain. The mid back pain was rated at 6/10, 7/10 for the low back, and 7/10 for the right leg pain. The patient complained of tingling sensation over the buttock and hips, stiffness of the spine, and frequent radiating pain to the thighs and legs, which was worse on the right side. The pain increases with lifting over 10 pounds, prolonged standing over 10 to 20 minutes, or with prolonged sitting activities. The patient finds it difficult to find a comfortable position to sleep during the night. Significant objective findings include negative Minor's sign, normal knee reflexes, normal hamstring reflexes, and normal ankle reflexes. The range of motion of the lumbar spine are as follows: flexion 30 degrees, extension 20, bilateral lateral bending 40, right rotation 50, and left rotation 70 degrees. There was moderate paraspinal tenderness bilaterally. The provider noted that Valsalva, Kemp's, Yeoman, and Iliac compression test revealed pain bilaterally.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 1 to 3 times per week for 1 to 2 months lower back:** Upheld

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

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

**Decision rationale:** The acupuncture medical treatment guideline recommends acupuncture for pain. It states that acupuncture may be extended if there is documentation of functional improvement. The provider's request for acupuncture treatments 1 to 3 times a week for 1 to 2 months was modified to once a week for 4 weeks by the utilization reviewer to determine functional improvement. The patient received acupuncture on 6/9/2014, 6/15/2014, and 6/25/2014. There was no documentation of objective functional improvement from the acupuncture sessions. Therefore, the provider's request for acupuncture 1 to 3 times a week for 1 to 2 months is not medically necessary at this time.