

<b>Case Number:</b>	CM14-0094867		
<b>Date Assigned:</b>	09/22/2014	<b>Date of Injury:</b>	08/20/2009
<b>Decision Date:</b>	10/21/2014	<b>UR Denial Date:</b>	05/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/23/2014

### 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 Interventional Spine 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 22-year-old male with a date of injury of 08/20/2009. The listed diagnoses per [REDACTED] are: 1.Pain of the lower extremity.2.Myofascial pain syndrome.According to progress report 05/08/2014, the patient presents with low back and lower extremity pain. Treating physician states the patient has completed a trial of 6 sessions of acupuncture, and reports that his overall pain has decreased significantly. Examination revealed mild tenderness to palpation of the lumbar paraspinals with spasticity and a few distinct trigger points. There was mild tenderness of the L4-L5 and L5-S1 facet joints .bilaterally. Treating physician is requesting 6 additional acupuncture treatments. Utilization review denied the request on 05/30/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Acupuncture x6 sessions for lower extremity:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints,Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Acupuncture for Neck and Low back Pain.

**Decision rationale:** This patient presents with low back and lower extremity pain. The treating physician is requesting additional 6 acupuncture treatments as the patient's level of function has increased and degree of pain has decreased with prior treatment. Utilization review denied the request stating, "There have been no objective parameters of functional improvement documented following acupuncture as compared that to same or similar functional parameters prior to acupuncture." For acupuncture, MTUS page 8 recommends acupuncture for pain suffering a restoration for function. Recommended frequency and duration is 3 to 6 treatments to produce functional improvement 1 to 2 times per day with optimal duration of 1 to 2 months. In this case, the treating physician has documented that the patient was able to stand for 60 minutes and perform household chores with less pain from prior acupuncture treatments. Given patient's functional improvement of additional 6 treatments are reasonable and within guidelines. Therefore, this request is medically necessary.