

<b>Case Number:</b>	CM14-0096249		
<b>Date Assigned:</b>	09/15/2014	<b>Date of Injury:</b>	02/14/2011
<b>Decision Date:</b>	11/19/2014	<b>UR Denial Date:</b>	05/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/24/2014

### 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 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 37-year-old female with a date of injury of 2/14/2011. According to the progress report dated 5/12/2014, the patient complained of low back, bilateral wrist, and hand pain. The low back pain was described as constant severe burning pain which radiates to the bilateral legs and feet with associated tingling and cramping which was worsened by standing, walking and sleeping. There was numbness, weakness, and tingling sensation associated with the wrist pain. Significant objective findings include tenderness over paralumbar muscles with ongoing bilateral lower extremity pain, spinous process tenderness at L4, L5, S1, spams, and full range of motion with pain, straight leg rising positive at 70 degrees bilaterally. The bilateral wrist was tender to palpation, full range of motion, and positive Tinel's sign bilateral, and positive Finkelstein's test bilateral.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture, Infrared, Acupuncture with Myofascial release to the low back 2 x 4:** 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 states that acupuncture may be extended if there was documentation of functional improvement. Records indicate that the patient had completed at least 19 acupuncture sessions without any documentation of functional improvement. Therefore, the provider's request for 8 additional acupuncture sessions is not medically necessary at this time.