

<b>Case Number:</b>	CM14-0096704		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	02/04/2014
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	05/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2014

### 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 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 53 year old female who reported low back pain from injury sustained on 02/04/14 after she pushed a box of mandarins on a conveyor belt. MRI of the lumbar spine revealed 2mm posterior disc bulge at L5-S1. Patient is diagnosed with Lumbosacral spine strain. Patient has been treated with medication and therapy. Per medical notes dated 03/11/14, patient complains of low back pain. Patient states the pain is slowly improving/. Pain is worse with repetitive bending. Pain is rated at 3/10 at rest and increases to 5/10 at the end of her work day. She denies any leg pain or numbness, tingling or weakness in the lower extremity. Per medical notes dated 03/18/14, patient complains of persistent pain in her low back and pain is rated at 6/10. Range of motion is 80% normal with moderate pain. Per medical notes dated 04/10/14, patient complains of continuous low back pain which radiates to bilateral legs. Pain increased with prolonged standing, twisting, lifting and bending. Pain is accompanied with numbness, weakness, tingling and burning sensation. Provider is requesting initial trial of 12 acupuncture treatments.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 Sessions of Acupuncture(2 times a week for 6 weeks): Upheld**

**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 has not had prior Acupuncture treatment. Per guidelines 3-6 treatments are supported for initial course of Acupuncture with evidence of functional improvement prior to consideration of additional care. Requested visits exceed the quantity of initial acupuncture visits supported by the cited guidelines. Additional visits may be rendered if the patient has documented objective functional improvement. MTUS- Definition 9792.20 (f) Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam. Per guidelines and review of evidence, 12 Acupuncture visits are not medically necessary.