

<b>Case Number:</b>	CM14-0098510		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	09/03/2008
<b>Decision Date:</b>	12/05/2014	<b>UR Denial Date:</b>	06/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/26/2014

### 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 Chiropractor and is licensed to practice in Virginia. 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 59-year-old female who reported an injury on 09/03/2008. The mechanism of injury was not submitted for clinical review. The diagnoses included lumbar disc protrusion at L4-5 on the right, lumbar radiculopathy, lumbar facet arthrosis, chronic pain. The previous treatments included medication, home exercise, biofeedback therapy, and acupuncture therapy. Diagnostic testing included an EMG/NCV. Within the clinical note dated 04/23/2014, the injured worker reported acupuncture helps. Upon the physical examination provided, it noted the injured worker was alert and oriented times three. The provider recommended acupuncture; however, a rationale was not submitted for the clinical review. The Request for Authorization was not submitted for clinical review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture x12 visits:** 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 Guidelines note acupuncture is used as an option when pain medication is reduced or not tolerated. It may be used as an adjunct to

physical rehabilitation and/or surgical intervention to hasten functional recovery. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease side effects of medication-induced nausea, promote relaxation in an anxious patient and reduce muscle spasms. The time to produce effects includes 3 to 6 treatments with a frequency of 1 to 3 times per week, an optimum duration of 1 to 2 months. Acupuncture treatments may be extended if functional improvement is documented. The clinical documentation submitted lacks clinical information indicating the efficacy of the prior treatments the injured worker has undergone. The request submitted failed to provide a treatment site. Additionally, the number of sessions the injured worker has previously completed was not submitted for clinical review. Therefore, the request is not medically necessary.