

<b>Case Number:</b>	CM13-0009206		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	12/14/2011
<b>Decision Date:</b>	03/10/2015	<b>UR Denial Date:</b>	07/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/09/2013

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Chiropractor, Oriental Medicine

### 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 52 year old female who reports pain in her lower back and left leg resulting from a work related injury on 12/14/2011. Mechanism of injury is unknown. Patient is diagnosed with the following: left L5-S1 herniated disc with associated left sciatica and S1 radiculopathy and mild spondylosis L3 though S1. Per physician's notes dated 07/08/2013, lumbar range of motion has improved allowing for 90 degrees of flexion, 30 degrees of extension and lateral flexion of 30 degrees bilaterally. She has a negative straight leg raise bilaterally and neurological exam of the lower extremities is intact. Patient has been treated with Acupuncture, physical therapy, medications, chiropractic care and epidural steroid injection. Primary treating physician requested 12 additional visits which were denied. Per review of evidence and guidelines, 12 additional acupuncture treatments are not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ACUPUNCTURE 2XWK X 6WKS OF LUMBAR:** 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 had prior acupuncture treatment. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Additional visits may be rendered if the patient has documented objective functional improvement. Per MTUS guidelines, 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 or decrease in medication intake. Per review of evidence and guidelines, 12 additional visits are not medically necessary.