

<b>Case Number:</b>	CM13-0020232		
<b>Date Assigned:</b>	11/08/2013	<b>Date of Injury:</b>	01/22/2008
<b>Decision Date:</b>	08/13/2015	<b>UR Denial Date:</b>	08/28/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/05/2013

### 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 50 year old male who sustained an industrial injury on 01/22/2008. Mechanism of injury was not documented. Diagnoses include lumbar sprain and strain. Treatment to date has included acupuncture, and medications. A physician progress note dated 03/12/2013 documents the injured worker's lower back pain feels much better since he gets regular acupuncture treatments. He is able to adequately and fully perform the tasks required at work with less discomfort and pain. On examination, the discomfort is minimal to palpation. He is able to bend over reaching to his feet and doing hip rotation without pain or discomfort. He states he has not had to take any opioids or NSAIDs during the period he received acupuncture treatments. He received 6 sessions of acupuncture during the 6 months period from 10/18/2012 to 03/12/2013. Treatment requested is for acupuncture 2 times a week for 3 weeks for the lumbar.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ACUPUNCTURE (2) TIMES A WEEK FOR (3) WEEKS FOR THE LUMBAR:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACUPUNCTURE MEDICAL TREATMENT GUIDELINES.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** The Acupuncture Medical Treatment guidelines states that acupuncture may be extended with documentation of functional improvement. According to the progress report dated 3/12/2013, the patient received 6 acupuncture sessions with documentation of functional improvement. The patient was able to bend over and reach his feet and rotate his hips without pain or discomfort. The patient reported that he has not taken opioids during the period of acupuncture treatments. The patient was authorized another 6 sessions of acupuncture in July 13, 2013 for dates of service 7/11/13 to 10/11/13. There was no documentation of functional improvement from the recent 6 authorized acupuncture sessions. Based on the lack of documentation of functional improvement from the recent course of acupuncture treatments, additional acupuncture treatments are not warranted at this time. Therefore, the provider's request for 6 acupuncture session is not medically necessary at this time.