

<b>Case Number:</b>	CM14-0179662		
<b>Date Assigned:</b>	11/04/2014	<b>Date of Injury:</b>	06/11/2011
<b>Decision Date:</b>	01/08/2015	<b>UR Denial Date:</b>	10/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2014

### 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 a licensed Chiropractor, has a subspecialty 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 62-year-old female with a date of injury of 6/11/2011. According to the progress report dated 10/03/2014, the patient complained of mid and lower back pain. The lower back pain was noted to increase with any movement or activity. Pain was made better with rest and medication and worse with extended period of activity. The patient also noted numbness and tingling sensation in the anterior thigh bilaterally extending to the feet. Significant objective findings include 5/5-muscle strength in the extremities. Straight leg was negative and sensation was intact to light touch and pinprick. The patient was diagnosed with sprain and strain of the neck, sprain/strain thoracic region, lumbar disc displacement without myelopathy, and pain in the shoulder joint.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Six (6) acupuncture sessions:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The Acupuncture Medical Treatment Guideline states that acupuncture may be extended if there is documentation of functional improvement. The patient completed 6

acupuncture sessions. The patient noted significant improvement with treatment modality. Records indicate minimal improvement in range of motion in the lumbar spine. There was no documentation of functional improvement from acupuncture care. There was no reduction in dependency on continued medical treatment. Therefore, the provider's request for additional acupuncture session is not medically necessary at this time.