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| <b>Case Number:</b>   | CM14-0196572 |                              |            |
| <b>Date Assigned:</b> | 12/04/2014   | <b>Date of Injury:</b>       | 11/27/1986 |
| <b>Decision Date:</b> | 01/23/2015   | <b>UR Denial Date:</b>       | 11/19/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/24/2014 |

### 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 (DC), 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 59-year-old female with a date of injury of 11/27/1986. According to the progress report dated 11/20/2014, the patient complained of having increase problems with falling and her knees buckling. The patient noted difficulty with dressing, bathing, and all other activities. Significant objective findings include bilateral hip flexor contractures with at least 15 degrees, decreased sensation in L4 and L5 distribution, motor weakness in ankle dorsiflexors and peroneus longus, trigger points in the upper cervical paraspinals, upper trapezius, rhomboids, scalene and subclavian muscles. In addition to the trigger points in the cervical area, the patient has trigger points in the lower lumbar paraspinal region and gluteal muscles. Positive straight leg raise was noted in the bilateral lower extremities at 60 degrees with increased ankle dorsiflexion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 acupuncture sessions for the lumbar area (low back), 12 sessions as an outpatient:**

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 guideline recommends acupuncture for pain. It recommends a trial of 3-6 visits with a frequency of 1-3 times a week over 1-2 months to produce functional improvement. It states that acupuncture may be extended if there is documentation of functional improvement. Upon review of the submitted documents, there was no evidence that the patient had acupuncture in the past. Therefore, a trial of acupuncture session may be warranted. However, the guideline recommends a trial of 3-6 visits. The provider's request for 12 acupuncture sessions exceeds the guidelines recommendation; therefore, the provider's request is not medically necessary at this time. Additional acupuncture beyond they initial 6 visit is recommended if there is documentation of functional improvement.