

<b>Case Number:</b>	CM14-0210051		
<b>Date Assigned:</b>	12/23/2014	<b>Date of Injury:</b>	11/16/2009
<b>Decision Date:</b>	02/19/2015	<b>UR Denial Date:</b>	12/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/15/2014

### 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. 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: Physical Medicine & Rehabn

### 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 48 year old female with the injury date of 11/16/09. Two hand written reports provided by the treater contain little information regarding the patient's condition, medical treatment history, etc. Per physician's report 11/19/14, the patient has neck pain and lower back pain. The patient has had 6 sessions of acupuncture which reduced the patient's pain from 8/10 down to 5/10. The patient will return to modified work in 11/19, with restrictions of no lifting over 15-20 lbs. The lists of diagnoses are: 1) Cervical spine sprain/strain. 2) Lumbar spine sprain/strain. Per 10/10/14 progress report, the patient has neck pain and lower back pain at 6-8/10 without medication and 3-4/10 with medication. The patient is utilizing Motrin and pain patch. The utilization review determination being challenged is dated on 12/15/14. Two treatment reports were provided on 10/10/14 and 11/19/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture; six (6) visits (2x3): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Acupuncture Page(s): 13.

**Decision rationale:** The patient presents with pain in her neck and lower back. The request is for 6 SESSIONS OF ACUPUNCTURE. MTUS guidelines page 13 allow 3-6 sessions of acupuncture treatments for neck or lower back complaints for an initial trial and up to 1-3 times a week and 1-2 months with functional Improvement. In this case, the patient had 6 sessions of acupuncture in the past which produced functional improvement to warrant additional acupuncture. For example, pain has been reduced from 8/10 to 5/10 with acupuncture. However, the current request for 6 sessions of acupuncture combined with 6 already received would exceed what is recommended per MTUS guidelines. The current request is not medically necessary.