

<b>Case Number:</b>	CM14-0125070		
<b>Date Assigned:</b>	08/29/2014	<b>Date of Injury:</b>	10/09/2013
<b>Decision Date:</b>	11/05/2014	<b>UR Denial Date:</b>	07/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/07/2014

### 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 Board Certified in Geriatrics and is licensed to practice in New York. 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 injured worker is a 36 year old man with a date of injury of 10/9/13. He was seen by his provider on 8/25/14 with chronic progressive low back pain. He is status post a course of physical therapy, TENS unit and acupuncture which provided moderate pain relief. He was using ibuprofen for pain. His exam showed a wide based gait assisted by a cane. His range of motion was restricted with flexion to 60 degrees by pain and extension limited to 10 degrees by pain. He had paravertebral muscles, tenderness and tight muscle bands noted on both sides. His straight leg raises were positive on both sides sitting at 60 degrees. He had decreased sensation to light touch over his bilateral calves. His diagnoses were low back pain, spinal/lumbar DDD and spasm of muscle. At issue in this review is the request for 6 additional sessions of acupuncture.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 1x6:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 4, 8-9.

**Decision rationale:** Acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. Time to produce functional improvement is 3 to 6 treatments. The records do not indicate that he is not able to return to productive activities or that he is participating in an ongoing exercise program to which the acupuncture would be an adjunct. In this injured worker, the medical records do not show that pain medication was reduced or not tolerated to support the medical necessity for 6 additional acupuncture treatments.