

<b>Case Number:</b>	CM14-0142969		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	10/25/2013
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	08/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2014

### 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 Occupational Medicine, 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:

Patient is a 37 year-old male with date of injury 10/25/2013. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 08/06/2014, lists subjective complaints as upper and lower back pain with intermittent numbness and tingling to the left lower extremity with activities and at rest. Objective findings: Examination of the lumbar spine revealed tenderness to palpation and spasm bilaterally over the paraspinals and gluteal muscles. Range of motion was decreased on flexion and was increased on extension, bilateral bending and rotation. Diagnosis: 1. Thoracic spine disc protrusion/degenerative changes 2. Lumbar spine multilevel disc protrusions/neuroforaminal stenosis with L3-4 nerve root contact 3. Insomnia. Treatment to date includes 14 sessions of physical therapy and 18 sessions of acupuncture.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional acupuncture 2 x 4 LS spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM, Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

**Decision rationale:** The Acupuncture Medical Treatment Guidelines allow acupuncture treatments to be extended if functional improvement is documented as defined in Section 9792.20(f). There is no documentation in the medical record that the patient has had functional improvement with the trial of visits of acupuncture previously authorized. The patient's exam has remained essentially unchanged, as has his medication regimen. Therefore the request is not medically necessary.