

<b>Case Number:</b>	CM15-0026458		
<b>Date Assigned:</b>	02/18/2015	<b>Date of Injury:</b>	08/09/2007
<b>Decision Date:</b>	04/02/2015	<b>UR Denial Date:</b>	01/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/11/2015

### 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, Hawaii  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 56 year old female, who sustained an industrial injury on 8/9/07. On 2/11/15, the injured worker submitted an application for IMR for review of Acupuncture 8 Sessions (2 times per week times 4 weeks). The treating provider has reported the injured worker complained of increased back pain with some numbness in the legs. The diagnoses have included thoracic or lumbosacral neuritis or radiculitis, myalgia and myositis, Unspecified. Treatment to date has included TENS units, chiropractic care, physical therapy, lumbar surgery in 2003. On 1/20/15 Utilization Review non-certified Acupuncture 8 Sessions (2 times per week times 4 weeks). The MTUS, ACOEM and ODG Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 8 Sessions (2 times per week times 4 weeks): Upheld**

**Claims Administrator guideline:** Decision based on MTUS 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 patient presents with increased back pain with some numbness in the legs. The current request is for acupuncture 8 sessions (2 times per week times 4 weeks). The treating physician states, in a report dated 01/12/15, "Patient still wants acupuncture. Has pain in the back and some numbness at the legs." The AMTG guidelines state: acupuncture for 3-6 treatments and treatments may be extended if functional improvement is documented. In this case, the treating physician has not documented any prior acupuncture and a trial of 6 session may be reasonable but the requested 8 sessions are in excess of the AMTG guidelines. The current request is not medically necessary and the recommendation is for denial.