

<b>Case Number:</b>	CM13-0017965		
<b>Date Assigned:</b>	09/30/2013	<b>Date of Injury:</b>	01/09/2013
<b>Decision Date:</b>	01/22/2014	<b>UR Denial Date:</b>	08/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery 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 physician 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 claimant is a 44-year-old male who was injured in a work related accident 01/09/13 sustaining an injury to the lumbar spine. Clinical records for review include imaging, a lumbar MRI report from 04/08/13 showing an unremarkable examination with mild degenerative changes noted from L1-2 through L5-S1 with no acute findings. A recent progress report for review from 08/28/13 with treating physician [REDACTED], showed continued low back complaints with moderate to severe pain with radiating left leg pain. Physical examination showed painful restricted lumbar range of motion with positive straight leg raising and absent reflexes. Sensation was diminished to light touch in an L5 and S1 dermatomal distribution. The claimant was diagnosed with mild fascitis, lumbar disc displacement. The plan at that time was for acupuncture for six sessions to the lumbar spine for further care. Records indicate the claimant has already undergone six sessions of prior acupuncture to date as well as therapy, two prior epidural steroid injections, medication management and work restrictions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 3 x 2 Lumbar:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Acupuncture Treatment Guidelines.

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

**Decision rationale:** Based on California MTUS Chronic Pain Guidelines, continued role of acupuncture in this case would not be indicated. Guideline criteria indicated the optimal duration for benefit from acupuncture would be one to two months and timeframe to demonstrate functional improvements of three to six treatments. Records indicate a recent course of six sessions of acupuncture in this claimant who is with continued complaints of pain with no significant improvement noted nearly one year from injury. Based on acupuncture already performed and lack of documentation of significant benefit, the role of continuation of this therapeutic modality would not be indicated.