

<b>Case Number:</b>	CM14-0148137		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	02/10/2014
<b>Decision Date:</b>	10/21/2014	<b>UR Denial Date:</b>	08/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2014

### 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 Physical Medicine & Rehabilitation, 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:

The injured worker is a 40-year-old male who reported an injury on 02/10/2014 due to bending down to fold a large tent. Past medical treatment included physical therapy, acupuncture, and medications. Diagnoses included sprain/strain of lumbar spine. Diagnostic testing included an MRI of the lumbar spine without contrast on 03/31/2014 and a functional capacity evaluation on 05/12/2014. The injured worker denied undergoing any surgeries in the past. The injured worker complained of pain in the lumbar spine rating 6/10 to 7/10 on the pain scale on 07/28/2014. The physical examination revealed spondylosis of the lumbar spine and tenderness to the lumbar paravertebral muscles. The examination revealed forward flexion to 25 degrees and extension to 10 degrees. Medications included Norco. The treatment plan is for acupuncture 2 to 3 times 6 weeks for the low back. The rationale for the request was not provided. The Request for Authorization form was submitted on 07/28/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 2-3 x 6 weeks for low back:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The request for Acupuncture 2-3 x 6 weeks for low back is not medically necessary. The injured worker does have a diagnosis of sprain to the lower lumbar spine rating 6/10 to 7/10 on the pain scale on 07/28/2014. The California Medical Treatment Utilization Schedule (MTUS) guidelines recommend up to 3 to 6 initial sessions of acupuncture for injured workers as an option when pain medication is reduced or not tolerated. It may be used as an adjunct to physical rehabilitation and/or surgical interventions to hasten functional recovery. There is a lack of documentation that medications have not been tolerated. In addition, the request for Acupuncture 2-3 x 6 weeks would exceed the guideline recommendations for the initial duration of care. As such, the request is not medically necessary.