

<b>Case Number:</b>	CM13-0019595		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	01/04/2012
<b>Decision Date:</b>	11/06/2014	<b>UR Denial Date:</b>	08/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2013

### 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 Licensed in Chiropractic, has a subspecialty in Acupuncture 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 50 year old male who reported low back, knee, hips and leg pain from injury sustained on 01/04/12 due to slip and fall. MRI of the lumbar spine dated 02/15/12 revealed mild bilateral neural foraminal stenosis at L4-5 and disc protrusion at L2-3 and L3-4. EMG/NCS studies were unremarkable. Patient is diagnosed with Pain in limb, lumbar radiculopathy, cervical sprain, internal derangement of knee, left greater trochanteric bursitis and hypertension. Patient has been treated with medication, physical therapy, chiropractic and acupuncture. Per medical notes dated 07/18/13, patient states he is in significant pain at this time. Mainly, patient complains of low back pain and numbness in his leg that radiates to his toes. Walking makes his hips hurt and the pain consistently is getting worse. His pain and spasms are preventing him from sleeping. Examination revealed paravertebral muscle tenderness of the lumbar and cervical spine with spasm of the cervical and lumbar spine. Provider requested additional 3X4 acupuncture treatments for back, legs, knees and hips. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Patient hasn't had any long term symptomatic or functional relief with acupuncture care. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ACUPUNCTURE THREE (3) TIMES A WEEK FOR FOUR (4) WEEKS FOR THE BACK, LEGS, KNEES AND HIPS: 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:** Per MTUS- Section 9792.24.1 Acupuncture Medical treatment Guidelines page 8-9. "Acupuncture is used as an option when pain medication is reduced and not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery". "Time to produce function improvement: 3-6 treatments. 2) Frequency: 1-3 times per week. 3) Optimum duration: 1-2 months. Acupuncture treatments may be extended if functional improvement is documented". Per Utilization review, patient has had prior acupuncture treatment. Per medical notes dated 07/18/13, patient states he is in significant pain at this time, patient complains of low back pain and numbness in his left leg that radiates to his toes. Provider requested 3X4 acupuncture treatments. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Additional visits may be rendered if the patient has documented objective functional improvement. Per MTUS guidelines, Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam or decrease in medication intake. Per review of evidence and guidelines, 3X4 Acupuncture treatments are not medically necessary.